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LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

(*April 11th*, 1835,)

BY

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DISEASES OF THE GREAT-TOE.

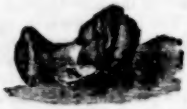
GENTLEMEN,—When we look to the immense weight which is constantly thrown upon the bones composing the great-toe, and their articulating apparatus, to the wrenches to which they are subjected, and also to their situation, so much exposed to contusion, we need not wonder at the frequency of disease of a troublesome nature attacking and involving them. In many individuals the foot is very badly formed; the arches are imperfectly constructed or bound together; it is not fitted to support the ordinary weight, far less any additional weight or impetus. A person so circumstanced lifts the foot in a mass, and plants it flat on the ground. He does not rise with a spring upon the ball of the toe. He cannot continue his progression far without much inconvenience and pain. The articulation of the internal cuneiform bone and head of the metatarsal comes to the ground, and the force is not, as it naturally ought to be, diffused amongst the chain of bones. Young people are constantly brought to surgeons for advice, after having been first put into situations which have required active exertion, and who, from the form of the foot, are totally unfitted to persevere in their occupation. In many districts, where superstition still reigns, the meeting with a splay-footed person, when setting out on a journey, is looked upon as so unlucky, that the traveller has been known to return home forthwith.

Disease is often plainly attributable to faulty conformation of the bones of the great-toe. The distal head of the metatarsal bone is large and prominent; it sometimes becomes so from twisting and contraction of the toes during a rheumatic attack. The part is pressed upon by the shoe, it is exposed to pressure and friction, and, as a protection, an adventitious bursa is formed under the thickened integument, betwixt that and the articulation. Many of you are probably not aware of the readiness which nature shows to protect parts from the effects of friction or pressure, by the formation of these synovial pouches. They are met with in all situations so exposed, in different artizans; as on the point of the chin in boot-closers; on the outer ancles of tailors. Betwixt the end of the bone and the soft parts in most stumps a distinct bursa is found. In deformities,—old curvature of the spine, club-foot, &c., the cellular tissue is seen to be readily convertible into such a pouch. I now hand round for your inspection perhaps the most interesting specimen of the kind you may have seen, exhibiting the resources of nature in getting out of a false position,—this bony or earthy tumour formed upon the inner aspect of the os calcis; it was so placed that it was interfered with by the edge of the shoe; the growth was at first slow, and little inconvenience arose from it, but latterly it increased more rapidly, and impeded progression so much that the patient applied for its removal. The operation was a very simple and successful one. Under the tumour you will observe a very perfect bursa, upon which new articulation, if we may so call it, the morbid mass moved about so as to escape pressure.

Inflammation, followed by unhealthy suppuration of the bursa over the ball of the great-toe, is no uncommon result of neglect and improper treatment. Mischief extends to the joint occasionally, and the patient is lucky if he escapes with an anchylosis of the metatarsal bone and proximal phalanx. The end of the metatarsal bone is not unfrequently inflamed, and has an addition of new osseous matter made to it, as shown in this plate of FRORIEP. He describes this enlarge-

ment as an exostosis similar to that growing from the distal phalanx of the great-toe, frequently met with in the northern part of this kingdom; occasionally, it appears, it is seen also in France, but is exceedingly rare at this end of the island.

I have, in many cases, distinctly traced its origin to a bruise; I have seen it at all ages and in all ranks, but it is certainly more frequently met with amongst the working classes, and in young subjects who are in the habit of, and who rather delight in, walking unrestrained and barefooted. The disease is rarely met with in the smaller toes. This is the only specimen



I have fallen in with of the tumour larger than the phalanx, but you observe that there is an abundant show of tumours from the large toe, of all sizes and shapes. I have, besides, supplied some three or four collections with more than one specimen each. A similar disease occurs in the upper extremity. I have met with more than one instance of tumour growing from the last phalanx of the thumb, presenting differently however.

Now a bony growth situated on the end of the great-toe, though of an inconsiderable size, is attended with great pain and inconvenience. It pushes up the nail, as you perceive in this wet preparation, and is exposed very much to pressure. The patient will generally submit to any thing to get rid of his sufferings and lameness. It is gravely stated in the "Lecons Orales" of DUPUYTREN, that neither the venereal virus nor the scrofulous vice seems to have anything to do with the production of this disease. Whoever could entertain such a suspicion, or could suppose for an instant that any of the anti-syphilitic or antiscrofulous remedies, as they are called, could in any way affect such tumours, must of a verity either possess a very lively faith in the strength and activity of these poisons and of their antidotes, or a most perfect confidence in the gullibility of their patients. I have known, nevertheless, plasters containing mercury and iodine confidently recommended for the cure of the growths under our consideration.

The disease may be palliated, the part may be protected by thick soft leather, properly prepared and applied. The shoe or boot may be so fashioned as to occasion no pressure at this point, and the nail may be kept clear of the tumour, by careful paring it from time to time. Patients who resort to hospitals, and others in the same grade, cannot easily take such precautions, nor would they be effectual, unless the individual could regulate his exercise, as regards both its extent and mode. A radical cure must be had recourse to in the majority of cases. The means of effecting this will depend much, nay altogether, on the extent to which the tumour is attached. If, from the appearance of the swelling, its projection and form, there be reason to think that the neck is long and narrow, then assuredly the surgeon is bound to attempt the removal of the diseased part alone. This I have effected in various instances, successfully, and in one of these specimens this proceeding, I doubt not, might have answered. The tumour

grew, however, in this case, towards the plantar aspect, and was thickly covered, and it was by no means possible to ascertain the nature of its connexion. In removing the swelling, its base must be fully exposed by incision; and, by the use of the cutting plyers, of one shape or other, the morbid part is to be cut off close to the original texture. DUPUYTREN recommended the gouge and mallet for the purpose,—a coarse and much less efficient means. This operation is in many cases inapplicable, and does not answer the object in view. If the tumour be of a large size, and its attachments be broad, the original bone is contaminated, and is disposed to furnish a similar excrescence. Of this I am well convinced by experience, and two of the specimens before you furnish evidence of these statements. In point of fact I have again and again been under the necessity of removing the phalanx, on account of reproduction of the disease, the patients having been previously subjected to the more severe and ineffectual proceeding.

The removal of the phalanx, by no means so severe or tedious an operation as the other, is productive of little deformity, and of no lameness whatever, and it affords in many instances the only radical cure. I should not now be warranted in advert-

ing to the diseases of the matrix of the nail,—to the ulcerations, many of them of a very bad character, to which it is subject,—to the imperfect secretion and growth of the nails, and to the ulcerations and swellings by the side of them, vulgarly described as the nail growing into the flesh,—and thus deferring the remarks upon those more serious diseases which we can illustrate by the cases which have occurred here. The proximal phalanx, the metatarsal bone, and the interposed articulation, are the parts most commonly affected. It is not often in hospital practice that you will have opportunities of seeing the disease of those parts in its earlier stages. The patient, perhaps, is enabled to follow his or her occupation, though halting not a little. The weight is thrown upon the outside of the foot and upon the opposite limb. The swelling is disregarded, or is rubbed with some Doctor's stuff that has been supposed to do good to swellings, probably of a very different nature, or in a very different condition. Abscesses then form one after another, and walking is no longer possible. The health declines, and upon a careful examination the joint is discovered to be open, the apparatus composing it thoroughly degenerated, and the ends of the bones deprived of their cartilaginous covering; or, again, the probe may pass down to the body of one or other bone, into a cavity, in which may perhaps be detected a sequestrum in process of separation, or loose and moveable. In many instances the shaft of the bone is affected, together with the joint, and in those who have long borne with the disease, anchylosis may even have occurred, but still, as you perceive, a natural cure does not follow as a consequence. The progress of these diseases is very various, sometimes slow. In one of these specimens the disease had been going on for many years; there are, certainly, considerable abnormal changes in the bones, not, however, more extensive than in many of these others, or even in those of the young woman whose case I shall now read you, and which, as is stated, were (and there is every reason to believe it) quite sound five months ago.

Ellen Taylor, ætat. 18, was admitted January 27th. Three months ago, while running, she fell, with her right foot twisted under her. Next morning there was much general swelling and severe pain of the foot. Leeches and fomentations were applied, and the general swelling subsided, but considerable pain, with much induration, remained over the metatarsal bone of the great-toe. About ten days after the injury, an abscess formed over the distal extremity, and gave way spontaneously between it and the next metatarsal bone. Another formed over its inner side, about the middle of the bone, which was opened by incision about the third week. The pain was somewhat relieved by the opening of the abscesses, but the swelling and pain on motion have remained, and the two openings continue to discharge.

At present the opening on the inner side is the larger, and the probe can be passed down through it into a cavity in the bone, of considerable size. Through the other opening the bone can also be felt bare, and the probe can be passed apparently into the articulation between the metatarsal bone and the first phalanx. The integuments over the bone are much thickened, condensed, and discoloured, and there is much pain felt on attempting to bear the weight of the body on the ball of the great-toe. The general health is pretty good.

Feb. 11. After examination the removal of the toe was proposed to the patient as the only means of her obtaining permanent relief. For some time she was averse from submitting to any operation, and it was only about a week ago that her consent was obtained. Since then the operation has been delayed, in consequence of the presence of the catamenia. The operation was performed to-day. A flap was formed on the inner side of the foot in the following manner: the bistoury was entered over the articulation of the internal cuneiform, with the first metatarsal bone on the dorsum of the foot. An incision was carried along the dorsum of the metatarsal bone as far as the ball of the toe, and then continued downwards on the plantar surface, opposite to the point where it had been commenced in the dorsum. The flap was then dissected up by one or two sweeps of the bistoury. The bistoury was then entered at the point where the incision had commenced on the dorsum of the foot, passed round the outer side of the bone, brought out where the incision on the plantar surface had terminated, and the soft parts between the first and second metatarsal bones were divided. The bistoury was then passed through the tarso-metatarsal articulation, and the toe removed. No vessels required to be secured. The flap was then laid down, and retained by three points of interrupted suture, and lint dipped in cold water was applied over it. In the evening, after all oozing had ceased, the isinglass plaster was applied, so as to bring the surfaces accurately into contact.

12. The sutures were removed this morning.

Vespere. Some increased heat of skin, with flushing of the face. Pulse 96, rather

sharp. Tongue pretty clean. Bowels open. ℥xii of blood were drawn from the arm, and ℥ss of a solution containing ℥j *Sol. M. Morph.* ℥ss *Vini Antimon.* ℥iii *Aquæ*, was given every two hours.

13. Pulse 90. Heat of skin diminished. Bowels open. Tongue clean. The parts look extremely well, and adhesion appears to have taken place all round.

14. Some swelling, with redness and pain of the flap. Tongue rather white, moist. Bowels open. *S. Pil. Hyd.* gr. v.; *Pil. Coloc.* gr. x. et c. m. Haust. purgant.

15. The adhesions on the dorsum of the foot have been broken up this morning to a slight extent by the escape of some purulent matter from under the flap. The discharge of matter gave much relief to the pain, but there is still some swelling, with redness, on the dorsum of the foot. Bowels freely opened by the medicine. Tongue clean. Pulse 90. Skin still rather hot. Cont Mist. Antimon.

17. A small abscess which had formed on the dorsum of the foot was opened by incision this morning. Union on the plantar surface is complete.

March 12. Since last report the swelling and redness continued to extend, notwithstanding the assiduous application of fomentations, and two abscesses formed, one over the external malleolus, and another a little above the internal. The swelling and redness have now completely disappeared, and she makes no complaint of pain. The part where the adhesions on the dorsum of the foot had given way, is now cicatrizing favourably under the water dressing. Foot to be bandaged lightly.

20. Cicatrization is now complete, but there is still some fulness of the flap, and she is yet unable to put her foot to the ground. Cont. the bandaging.

April 2. The openings are now almost entirely dried up. The young woman has regained her flesh, strength, and good looks, and begins to walk about.

In the first place, I would have you consider well the history of the case, and mark how very rapidly serious mischief must have ensued upon the sprain. In the majority of cases of diseased joints, if careful inquiry be made, a twist or wrench of the ligaments is found to have preceded, perhaps so slight as to have attracted attention but for an instant. In some states of constitution, very little is necessary to light up disease, and that of a formidable nature. You will thus see the propriety of treating actively and scientifically these injuries, trifling as they may appear, of meeting *in limine* any change on the deeper-seated parts, and forthwith counteracting it. The treatment, so far as it went, was most judicious,—rest, leeching, and fomentation; but it is questionable if it was carried far enough, or sufficiently persevered in. Females at her age have often a will of their own, and do not readily submit to restraint. It is highly improbable that the limb was wholly disused, and without absolute rest, in such cases all other treatment is of no avail. In fact, I am strongly impressed with a belief, that much of the benefit that accrues from counter-irritation, both in the human subject and in the lower animals, is attributable to the rest which is thus in a measure rendered imperative on them.

The establishment of a discharge from the vicinity of a diseased part, does of itself relieve the deep-seated action, as we have often had occasion to observe. You have seen the practice resorted to in many of the cases, and you have had the least painful yet very effectual mode of attaining the object pointed out, and its operation explained.

You will observe it is stated that a probe apparently could be passed into the joint; in this supposition we were incorrect, as appears from an inspection of the parts. There is, in the immediate vicinity of the articulating surface of the metatarsal bone,

a large ulcerated cavity, which must ultimately have extended into the articulation, and probably detached by its extension the extremity of the bone. The passage of the instrument through this opening must have led to the mistake, one however not of the smallest consequence. It was ascertained beyond a doubt, that the disease involved almost entirely the bone supporting the great-toe, and that it had proceeded to such an extent as to forbid the most remote hope of recovery, otherwise than by surgical operation. This was rendered absolutely necessary by the state of health, by the inroads made and making on the constitution by the local irritation and discharge. It is said in the report that her health was pretty good, but my friend Mr. DUNCAN (who drew up the report which I have read) means this only comparatively. The girl was certainly not wasting away under severe hectic symptoms, but she had lost flesh and appetite. Her pulse was rapid, and she had occasional night sweats. These symptoms would all have become aggravated in a short period. The disease in the bone was supposed (and I believe that on looking at it now you will allow that the supposition was well founded) to be irremediable. It could not have been amended by any effort of nature, so far as my experience goes, and that of the best writers on the subject might be brought to confirm this opinion; nor is there any internal medicine or outward application, so far as I know, that would have availed against such extensive degeneration. The careful and dexterous use of the probe is required in such cases as this, to confirm the surgeon in his diagnosis. He has, from attention to the history of the case, and by an examination of the external signs, the appearance of the openings, the nature of the discharge and the degree of mobility, made himself pretty certain of the existence of disease in a bone or joint; but it is still further necessary that the extent and nature of that disease should be ascertained as correctly as possible. The information gained by a very gentle use of the probe will enable a person of some experience to form a correct estimate on these points,—as to whether the bone is necrosed, or in a state of ulceration, to plan his mode of operation, and to decide upon the form of incision, and the point at which the division or disarticulation should be effected. In some cases the proximal phalanx, irretrievably diseased, may be separated from the metatarsal bone, the articulation betwixt them being sound. In the majority of cases, however, this joint is involved, and the metatarsal bone must be divided in the middle of its shaft. It is of the greatest importance to the patient that the head of the bone should be preserved, if possible: fortunately, in the greater number of instances, the disease is so limited as to admit of this. The foot is not nearly so much weakened as when the whole bone is amputated: as the attachments of the anterior tibial muscle, and of the peroneus longus, are not interfered with. These, however, form new attachments when the original ones are separated, and, ultimately, less inconvenience results than might be expected. In other cases again, as you will see by an examination of the numerous specimens upon the table, the metatarsal bone is thoroughly affected, and occasionally without the joints being involved. Disarticulation from the tarsus will then alone suffice. It has been proposed to take out the affected bone only; and I have seen the experiment made, but it was a miserable failure. The toe, as might be expected, without any support, is a useless incumbrance, certainly not ornamental. It does happen occasionally that the disease is confined to the articulation betwixt the head of the metatarsal bone and the internal cuneiform, as in the specimen I now hand you, and in that case the diseased parts may be cut out (an operation not unattended with difficulty)

and the toe preserved. In cases such as that of our patient Taylor, the operation you saw performed is undoubtedly to be preferred. You would perceive the great facility which was afforded for the division of the ligaments, and the rapid completion of the operation by the free incisions and the raising up of an internal flap. The same form of incision, to a less extent, you will find suited to the division of the bone; and when, for that purpose, the cutting forceps, which are known as mine (though you find somewhat similar instruments recommended for a different purpose by the old surgeons), are employed, the procedure is equally rapid and satisfactory.

These instruments divide the bone with little bruising and no splintering; that surface of the bone which is taken away is irregular, but the other, attached to the body, is as smooth as need be. The head of this metatarsal bone I was under the necessity of turning out, to get at the anterior tibial artery, which bled some days after the distal part of the bone (anchylosed, and containing a large sequestrum) had been removed by the forceps; and you see that its cut extremity is as smooth as the finest saw would have left it.

As regards the dressing, it is impossible to say anything at present; at our next meeting the subject shall be duly considered, and the supposed advantages of the methods followed here pointed out. I shall then probably make some few remarks on tumours of the uterus, and on the necessity of attention to the position of injured parts, as illustrated by the cases of wound of the tendo-achilles, fracture of the olecranon, and wound of the throat. This latter subject I shall discuss, with your permission, at considerable length.

Syphilitic Ulcers.—M. Choisy presented a portion of the small intestine of a female æt. 30 years, who had had syphilitic vegetations and ulcers in the vagina; the neck of the uterus had become fungous, and been amputated with complete success; but the ulcers broke out again on the internal surface of the uterus, and the woman died; the ulcers found on the mucous surface of the intestine perfectly resemble those on the inner surface of the uterus. Are they syphilitic?—*Anatomical Society of Paris*, January.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

SMALL-POX *and* ERYSIPELAS, *supervening on a Neuralgic Affection.*

GENTLEMEN,—I stated to you my apprehension that Langridge, who has been so long suffering under that peculiar modification of neuralgia, which, extending from the face, spread almost over the whole of the left side of the body, was sickening for small-pox. The eruption made its appearance on the 7th of this month (March); the pustules were distinct, and the fever moderate; and, at this time, and during the progress of the eruptive disease, the neuralgic affection was certainly more supportable than before the attack of small-pox; but it never left her. On the 13th, when the pustules began to maturate, the severe neuralgic pain of the forehead and face returned. The spirits of the poor woman sunk greatly, and despondency took possession of her mind; this was not to be wondered at. Thus neuralgic pains, with great restlessness and want of sleep, continued until the 18th, when the affection of the head and face became almost insupportable, and was accompanied with a hard, full, bounding pulse, great thirst, an uneasy sensation of the epigastrium, and other symptoms indicative of inflammatory fever. The patient was bled to ℥xvj; but, as little relief was obtained, twenty-four leeches were also applied on the right side of the head on the following morning, and the scalp was ordered to be shaved and kept constantly covered with an evaporating lotion. Ten grains of calomel were administered immediately after the topical bleeding, and three grains of it directed to be given every second hour, until the mouth became affected; whilst, at the same time, f. ʒss of the wine of the seeds of colchicum, with ℈ss of magnesia in f.℥j of water, were ordered to be taken every four hours. There was reason for dreading an attack of erysipelas.

20. The gums became sore, and an erysipelatous redness covered the face and eyelids, which were swollen and œdematous, and the forehead was extremely tender; there was constant nausea, with occasional vomiting; the pulse was 120, rather small than full, and compressible. The blood abstracted yesterday was cupped and very buffy; the pain, however, was upon the whole less violent than before. The bowels were open. The medicines were continued, with the exception of the mixture, which was discontinued, and the decoction of yellow cinchona bark, acidulated with diluted muriatic acid, substituted for it.

21. She passed a restless night, and vesications, some exceeding the size of a sixpence, appeared on the face and ears, over which the erysipelatous redness extended. The bowels acted twice in the morning; the pulse was 120, small, and compressible. The calomel pills were discontinued, but the mixture was ordered to be regularly taken, and a pill containing gr. ij of calomel, gr. ij of true James's powder, and gr. j of opium, to be given at bed-time; and the affected parts were ordered to be pencilled with the following solution.—℞. *Argenti Nitratis* gr. iij; *Aquæ Distillatæ* f.℥j; solve.

22. She rested rather better last night than she had done for some previous nights; but dysury supervened, and the urine was obliged to be drawn off by the catheter this morning. The pulse was 112, small, and compressible, with throbbing of the carotids, and the tongue dry, with considerable thirst. The medicines were continued.

She improved gradually from this time until the 26th, yesterday, when the bowels were confined, and the skin consequently was hotter than on the two preceding days, yet she could not be said to have lost ground. A dose of castor oil having been rejected by the stomach, a pill containing a drop of croton oil, and a few grains of extract of colocynth, were administered. To-day the improvement is most striking; the puffiness of the forehead has disappeared, and she can now bear the affected side of the head to be touched without shrinking, so that there is some probability that the neuralgic affection has yielded to the morbid changes which the habit has undergone during the erysipelatous attack.

This case, gentlemen, anomalous and complicated as it has been, is full of instruction. In the first place it displays the powerful influence of a low condition of the mental energies in augmenting the susceptibility to diseased impressions. In general this is more conspicuous in women than in men, but the protracted sufferings of this poor woman were sufficient to account for her great susceptibility to the infection of small-pox and erysipelas, both of which were in the hospital, and, unquestionably, they were communicated to

her through the medium of the air. When we reflect on the excessive irritability of the surface in the neuralgic affection under which she originally suffered, it might become a question whether the diseases engrafted upon her habit were set up by the impressions made by their virus floating in the air, upon the superficial nerves thus morbidly excitable. This question assumes a more reasonable character, from the circumstance of the face and the head being the site of the erysipelatous eruption. In the second place it demonstrates, that the supposition of a new disease frequently curing or modifying in a salutary manner one which has previously existed, is not visionary; for although as yet little benefit has decidedly been derived by the patient, as far as regards her neuralgic disease, by the supervention of either the small-pox, or the severer disease under which she has suffered, yet some has evidently been obtained, and she can now bear the finger passed over the previously affected side of the forehead and the course of the facial nerve, whereas before the attack of erysipelas she shrunk from the slightest touch. It is true that no definite conclusion can yet be drawn, because the erysipelas is still in a certain degree present: but I now anticipate much benefit, for when this disease attacks convalescents, especially those from febrile affections, it almost always retards, and not unfrequently renders the recovery doubtful, instead of abating the violence of the attack, as in the present instance.

The form, the phlegmonous, which the erysipelas assumed, is not that which it generally takes on when persons of impaired constitutions are the subjects of its attack. The inflammation often affects the subjacent cellular tissue, as well as the skin, and terminates in suppuration. In the case before us it is confined to the skin, and in this state it generally causes vesications. In no place is the disease attended with so much danger as when it affects the face and scalp, on account chiefly of the tendency to its extension to the brain or its meninges. Those amongst you, gentlemen, who have observed the commencement and progress of this attack, must have remarked that the redness first appeared on the face, and thence was diffused to the forehead, scalp, and ears; and had it not been checked, it would have proceeded down to the neck, and spread over the shoulders and the trunk of the body; but the means that were taken to arrest its progress stopped its further extension. In general, when the face swells, the vessels of the head pulsate strongly, and either delirium or coma supervenes. The former often assumes a phrenitic character, and indicates the severest description of cerebral inflammation; but when early general blood-letting, followed by leeching as an auxiliary, is resorted to, that does not occur; and the active depletion probably prevented their appearing in the case now under consideration. For the same reasons which would forbid the repetition of such active measures in persons of advanced age, or in the debilitated and the delicate, namely, the feeble powers of the habit, prevented me, in the present instance, from repeating the blood-letting, or pressing the mercurial action to positive ptyalism. It is not, however, incompatible with a diminished condition of vitality, that the local symptoms should be so violent; but it is of the first importance to discriminate between general and partial excessive action; for if the local symptoms be very active whilst the general powers of the habit are weak, a repetition of general bleeding would prove positively injurious; but if further abstraction of blood be indicated we should employ leeches, as we can at the same time sustain the habit by tonics and proper nourishment. And here, gentlemen, is the advantage of distinguishing tonics from excitants; the former sustain the vital power, the latter exhaust it. If the inflammation do not, in the first instance, yield to active depletion, such as was employed in this case, the continuance of it, beyond a certain point, is bad practice; it will not arrest the progress of the inflammatory action, but it will rather lead to hazardous terminations, such as abscess, sloughing, and gangrene. It is even sometimes necessary to allow wine and cordials, but in general the fewer of these the better. In no form, however, of the disease are they so allowable as in erysipelas of the head; in the greater number of cases of which that have come under my notice, even in private practice, however acute the symptomatic fever may have been in the commencement of the attack, bark has been indicated in the decline. I have seen cases which have proved fatal merely from a continuance of the evacuant plan of treatment. This is particularly observed when the disease occurs in hospitals, a fact which is easily explained by the previous condition of those who are the subjects of it. When hospital erysipelas once appears in wards, the difficulty of preventing it from extending is great; and as it most frequently commences among the surgical patients, I have often thought a complete separation of the surgical from the medical wards would be one of the greatest improvements that

could be projected in these establishments. The sphere of typhoid infection is very limited, as was proved by experiments in the Vienna hospital, but that of erysipelas is both more extended and more active. The most striking proofs of this are found in the writings of many credible authors, but in none more so than in a paper by Dr. Wells, published in the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge. Among other instances mentioned by Dr. Wells is the permanency of the infection in the hospital at Montrose. The disease spread through the ward where it began, and notwithstanding all the patients were removed from it, and it was cleansed, fumigated, and white-washed, yet the erysipelas again and again reappeared whenever fresh patients were brought into that ward, and it did not cease to do so until the hospital was shut up for some time.

As the disease in Langridge is still in progress, it is necessary to direct your attention to the indications that seem to authorize an uncertain prognosis. As I have already hinted, the risk is always great when the head is affected, and the prognosis must necessarily be uncertain. The severe acute affection under which this poor woman has so long laboured, and its connexion with the brain, certainly increased the danger, and excited the utmost anxiety for the issue in the first instance; and it is probable that the life of the patient, if she recover, is due to the energetic measures pursued by the house-apothecary at that time, arresting the progress of the inflammatory stage of the disease. Even now the state of the encephalon requires to be minutely watched, as the inflammation may still suddenly leave the surface and attack that organ. The features of the case that have favoured hopes of recovery are, the age of the patient, the powers of the habit not giving way, and the absence of any organic disease. Still the danger in all such cases is great, and the prognosis very uncertain.

With regard to the treatment of this case, I have already stated my approbation of the active measures pursued by Mr. Taylor. In almost every instance blood-letting, both general and local, is requisite to prevent, if not to remove, cerebral inflammation; the only question is—which is to be preferred? In my opinion one large general bleeding, unless in greatly broken-down constitutions, is necessary, but afterwards the farther abstraction should be by leeching or cupping. Purgatives are less necessary in erysipelas than in most other inflammatory affections, owing to the great gastric irritation that frequently attends erysipelas of the head, indicated by a red and coated state of the tongue, and occasional bilious vomiting and diarrhœa. In this condition of the mucous surface and the bilious secretion calomel is indicated; on the same principle as in typhus fever, in which you have lately had several opportunities of witnessing its utility, and much of the safety of the patient depends on getting the system rapidly under its influence. In Langridge's case this was effected in less than forty-eight hours, and the mitigation of the symptoms became, almost immediately, apparent. This mode of treating the gastric symptoms I have generally found to be more successful than even topical bleeding, although in severe cases the application of leeches or cupping-glasses to the epigastrium may also be requisite. It is on account also of the very irritable condition of the stomach that I prefer the decoction of the yellow bark, acidulated with muriatic acid, to the sulphate of quinia, which seldom agrees with the stomach under such a condition of the mucous surface.

With regard to the local treatment in this case, the superficial nature of the inflammation set aside any necessity for incisions, the great advantage of which, when the cellular tissue shares in the affection of the skin, cannot be denied; and I have preferred the application of the nitrate of silver to either dry powders or spirituous or sedative lotions, from having had ample experience of its salutary influence in all cases of either erysipelatous or erythematic inflammation. I am decidedly a convert to Mr. Higginbotham's opinion, that its influence is not confined to the cuticular tissue, but extends to the cellular and even to deeper-seated parts. I have been confirmed in this opinion by observing the extraordinary influence of the nitrate in excoriations, and inflammation of the back and nates, in protracted cases of disease; and its influence in allaying the irritation in external cancer, when soft red tumours arise and threaten ulceration. In every instance, it is requisite to extend the application of the nitrate beyond the limits of the inflamed surface, over the healthy skin, to the extent of an inch or more. Mr. Higginbotham recommends the part to be pencilled with the solid nitrate; but I have found the solution, in the proportion of from gr. iij to gr. xij to an ounce of water, a more convenient form of applying the remedy.

In closing my remarks on this case, the future progress of which you cannot too attentively watch, I cannot avoid expressing my hope that the complete change produced on the constitution, both by the disease and the remedies, may have

the effect of permanently relieving the poor sufferer from the neuralgic attack, which had previously baffled all our endeavours to remove it.

[Since this lecture was delivered, the poor woman has perfectly recovered.]

INFLUENCE OF HYDRIODATE OF POTASSA IN SECONDARY SYPHILIS.

The case of the woman Edle, and of several others on both sides of the hospital under my charge, as well as some under the care of my learned colleagues, *Dr. Elliotson* and *Mr. Liston*, have tended greatly to confirm our confidence in the power of hydriodate of potassa, as a remedy in secondary syphilis, more especially when it assumes the forms of periostitis. In no instance has this been more strikingly displayed than in the case of Francis Freeman, a sailor, who was admitted on the 6th of March. On his admission to the hospital, the patient complained of violent pains in the forehead and the legs, which he says attacked him six months ago, after a severe fever, which originated in exposure to damp, in the West Indies, before he was recovered from the effects of an active mercurial course for the cure of a venereal affection. The shins were rough, lumpy, and painful; and the lumps were frequently larger and redder during cold and damp weather than at other times. The legs and feet were hot and dry; and on coughing or taking a full inspiration he felt, to use his own words, "a pain going up through all his limbs." The pains, both of the head and the legs, were almost insupportable at night. The forehead was slightly puffy, and tender to the touch. He had a slight cough, but no pain in the chest. The pulse was 92, strong and bounding; the tongue clean and moist; the appetite good; the bowels rather confined than otherwise; and the urine, especially at night, copious. His mind was much depressed, and his prospect of recovering his health was clouded. He described a singular state of the eye, probably owing to the disease of the forehead, namely, that as the dark approached, everything appeared to dazzle him. He says he had a severe syphilitic attack three years since, from which he has never completely recovered, although he had taken much mercury.

My first object being to reduce the existing excitement, the patient was freely bled, purged, and put on a course of tartar emetic in doses of gr. i in f.℥i of water, ever fourth hour. Little benefit was apparent for the three days that he pursued this plan. As his throat was sore, and his nights still very much disturbed by his pains, he was ordered a gargle containing gr. ij of bichloride of mercury, and f.℥ss of muriatic acid in f.℥viij of water, and ♏xl of the muriate of morphia, to be taken in a glass of water at bed-time.

Little benefit was derived, and on the 16th the body became covered with an eruption resembling urticaria, but more raised, and a mercurial fetor was evident in his breath. Whether this originated from his swallowing some of the gargle each time of using it, I shall not pretend to determine, but the gargle was immediately discontinued, and one with the acetate of lead ordered in its stead. He had taken gr. v of the hydriodate of potassa for three days; and a blister had been applied to the forehead. The hydriodate was not set aside; and the muriate of morphia was continued, but in the diminished dose of ♏ xx. No change of plan has taken place since the 16th of March, nevertheless the pain has left the head, and is comparatively trifling in the legs; the patient says that he has not felt so comfortable for years; the nodes are nearly gone; the throat is well; he sleeps soundly; his spirits are light and buoyant; and he looks forward with confidence to a complete recovery of his health.

[He was discharged well on the 18th of April.]

NEW REMEDY AGAINST CANCER.—The *Hippomanes Mancinella*, of the family of the Euphorbiacæ, has been known since the conquest of America by its poisonous effects. It is the juice of this tree which the Indians employ to envenom their arrows; and it is also extensively employed by the hordes which inhabit the banks of the Oronoko, as an anticarcinomatous remedy. Numerous experiments have proved that arsenic is neutralized by the secretion of a cancerous ulcer, while it preserves its poisonous properties when placed in contact with any other sore. The same phenomenon is observed with respect to the mancinella: its poisonous effects are in like manner neutralized by the secretion of cancerous ulcers. The Indians who employ this substance in the treatment of cancer, surround the wound with a pasty material, and then apply to the centre of the sore a few drops of the juice of the mancinella; an eschar soon forms, and coming away in about forty-eight hours, leaves a clean wound, which rapidly heals.

M. Germon, of Marseilles, has witnessed a great number of cures effected by the application of this remedy, which he recommends to the attention of physicians. —*Jour. des Con. Med. Chir., April.*

ON ABSORPTION.

By T. G. HAKE, M.D., *Senior Physician to the Dispensary, Brighton.*

(Continued from page 11.)

In depriving the absorbent vessels of those physiological honours which have been long attributed to, but which have never formed a part of, their function, I have differed from those who observe the more common opinion; and in this important respect; that while they believe that some deleterious substances, without any antecedent effort of nature to expel them or to counteract their effects, may be taken at once into the system, and there cause the destruction of life by their immediate agency, to me it has appeared that the action of all poisons is local, and that the general symptoms consist of a re-action which is superinduced through nervous media, exactly adapted to overcome the primary action itself; that the metastasis of the local action to remote parts of the nervous system assimilates the nature of the latter to the nature of the poison, in order that no decomposition may ensue; and, that not until the returning actions, following one upon another in their efforts to expel the offending substance, have completely exhausted life, does the curative intention cease, so that death is ultimately caused by a sympathetic movement, and not by the local action of a poison on any tissue.

In accordance with these views I have explained, in a general manner, the action of narcotic substances on the living system; and I may here hint at the nature of those laws which regulate and decide on their operation. We have all been taught the exemption of organic matter from the influence of ordinary laws, and how the elements which compose it are no longer liable to be disturbed in their living combination by those chemical agents which, but for the vital state, would destroy their harmony, and lead them into fresh unions with themselves; and this, in the general acceptation, we know, by experience, to be true, although we have believed it without inquiring into the causes of a truth so anomalous.

What, then, let us ask, is the cause of this apparent anomaly? What is the reason that matter cannot manifest its laws on living organic as well as on inorganic substances? In analysing this question we shall discover the impossibility of a law of nature being set aside, and why it, seemingly, becomes latent.

The laws of elementary bodies are so compounded during organization, and they are compounded in a manner so intimate and peculiar, that they seem to be altogether suspended or changed. But the possibility of suspending a primary law needs not any comment, since it could be effected at no less an expense than the destruction of the body by which that law was represented; and much less could a primary law be changed, since that would involve the annihilation of its representative matter, and the production of a new body, coincident with the change of law; for matter and the laws of matter are inseparable and indistinct. How is it, then, that, with the same elements, in organic as in inorganic bodies, there are different manifestations of law? Let us pursue our reasonings on this subject with three well-known elements, which, in a combined state, form the phosphate of lime. The three elements, oxygen, calcium, and phosphorus, on being compounded in the proportion of twenty-four of the first, twenty of the second, and twelve parts of the third, so as to form phosphate of lime, unite all their properties into one, and lose their individuality. The oxygen, the calcium, the phosphorus, each has attractive properties, those of the one differing always from the rest; but when all these are perfectly united there is but one body,—a compound manifestation, an aggregate law. The union being completed, and the new character obtained, we must not suppose that the elementary properties are suspended; the new character in question being nothing more or less than the primary laws of the elements disguising each other's action, and so, apparently, modifying one another. If the phosphate of lime be placed within the sphere of any attraction, the power of which on the oxygen, calcium, or phosphorus, was marked, we must now observe that such attraction cannot reach a second atom of either of these elements without being impeded by the influence of an atom of each of the other two; so that instead of a single there is a triple correspondent action on the offered attraction, and of which each component part is distinct, yet unanimous; whence the triple effect produced, as much disguises either constituent, as the application of three forces to a body from different directions would induce a motion of any given body, totally different from the direction, yet perfectly correspondent with the sum, of the forces themselves.

If, then, the compound state, even in inorganic matter, is an impediment to the chemical union of its parts with new elements, what must be the resistance

offered by an organized mass, which consists of so many elements in close and extensive association! For while the application of an acid which has a greater affinity for lime than the phosphoric might supplant the latter and unite with the base, we must remember that such is the unity of the organic state, such the harmony of purpose, that no single portion of living tissue can be at once decomposed. When a decomposing agent is applied, for instance, to the surface of a portion of the nervous system, whatever may be the first effect, the same acts in like manner on the second series of nervous elements from the surface, the second on the third, and so on, until the power of the decomposing agent, instead of acting on the surface, is made to operate on the whole or greater part of the nervous system. Still, whatever effect does take place is purely that of attraction, though modified by organized resistance. If any substance in the stomach be disposed to unite with a portion of the oxygen of the mucous tissue, there is an advance, though an almost infinitely restricted one, made by the oxygen towards a chemical union with the substance in question; but while the oxygen, were it free, would combine perfectly, now that it is in strict union with the mucous tissue, and with the nervous through its medium, and with every tissue or particle of the body by means of the nervous system, we need only consider the subject to perceive how impotent must be the ordinary laws of nature when opposed to organic force, and to discover a physiological illustration of the great maxim, that union is power.

Thus it is attraction opposed to organic force that gives rise to the effects of all stimuli. But as attraction takes place only among the elementary particles of bodies, the composite state in which the substances that constitute our daily food exist, as well as those which may be otherwise administered, gives rise to a still further diminution of reciprocal action between the inorganic and the organic under ordinary circumstances; while, on the contrary, the great activity of the elements themselves is often made manifest to experience.

In the previous discussion concerning the action of narcotic matter on the organs, we have been led to perceive, only in a general way, that all the physiological operations of the living system are curative; but we may now more accurately demonstrate the cause of this great principle in nature, and show why, as the substance is, so is the impression of the substance, and as the impression is, so is the metastasis of the impression.

We have already alluded to the striking fidelity of effect to cause in the visual function; as is the object, so is the impression of the object on the retina; as on the retina, so on the brain; but this phenomenon need not here be explained; it is referred to in order to illustrate more clearly our ideas of cause and effect, as pertaining to general impressions, for in all instances does peculiarity of composition in a stimulus produce a corresponding peculiarity of effect. But while in vision we may verify the resemblance between the object and the perception, in some measure, by the sense of touch, it is oftentimes by a less palpable, although not less correct analogy, that we can trace a like similarity between the various stimuli and the impressions which are made by them on the system; however, a few facts may be adduced in illustration of this delicate subject.

Having referred the effects of stimuli to attraction between the elementary particles of foreign bodies and the tissues with which they are in contact, we must perceive, that although decomposition is out of the question, there will be a tendency between the stimulus and the tissue to modify each other's form; such as may be the arrangement, for example, among the minute particles of hydrocyanic acid; that substance placed in contact with a nervous surface, and attracting the elements of the nerve, would induce them to incline towards a like arrangement; for chemical attraction being rendered impossible by circumstances, the affinity is between particle and particle, so that while each atom of hydrocyanic acid attracts every atom of the elements of nerve, each of the latter attracts every one of the former. And what must be the result of this mutual attraction?

While it is going on it must be observed that it only so far influences either body as to place its elements in a state of tension, a state removed from its natural form towards an arrangement like unto that of its opposite; so that the nerve, instead of being placed in, would be placed under, the influence of the hydrocyanic state. This is not the proper place to enter upon an inquiry into the physical nature of these changes; suffice it to say they are simply those of the attraction of gravitation acting on extreme particles; they are not governed by such chemical principles as operate on inorganic matter, but by simple attraction modified by the inward affinities of the stimulus, and of the tissue to which it is applied.

All the functions of the living body are governed by nervous power. If the nerves are in a state of tranquillity, the functions

are the same; if they are irritable, the functions betray the disorder. The absorptions, the secretions, and other operations of the economy, give daily manifestations of this law. Indigestion, that is the irritation of indigested aliment, will lock up the secretions and induce the febrile state, and these effects we may suppose to be exactly proportioned to the degree of irritation produced on the nervous surface. This we may suppose, although we have no test of its veracity. We may suppose from analogy that the stimulus of the nervous surface, induces a like state in the series of nervous particles below it, and that this effect is conveyed on through the nervous system, even to where the latter governs the secretions, and that these are altered in the same way as the nerves; that not only the metastasis of the impression and the impression are alike, but that the secretions eliminated under such influence are proportioned to the change of nervous power. Such stimuli as coffee and asparagus, together with many others, offer a wonderful evidence of what we have advanced; for these substances having a peculiar odour, are taken into the stomach, their impression is made on the nerves, it is translated to their remote extremities, and the kidneys, among other organs which they govern, secrete a urine which has the odour of coffee, asparagus, &c.; showing the degree in which impressions are modified, and how faithfully the nerves translate them.

But though the metastasis of the impression of certain articles of diet (according to the laws of attraction which have been above explained) to the remote parts of the nervous system may be proved by the coincident change in the secretions, we have no reason to suppose that in the instances adduced any other than the principle on which the odour of coffee or asparagus depends, and that in a modified state, is eliminated. We have already seen that before the action of any stimulus is established on the system, the substance and the nerve modify each other, and the result is proportioned to their innate powers,—the most potent maintaining such of its influence as the other does not neutralize, over the nervous chain and the functions which it commands. We perceive the extent of the modification in the similarity which the secretion presents to the exciting cause. As is the similarity or dissimilarity between the odour of coffee, asparagus, turpentine, &c., and the odour which these substances produce in the urine, such is the extent of the modification, such is the extent of the power of the nerves over the power of the excitants in question.

These laws teach us the nature of secretion. While they show that a fixed composition of the superintending nerve is essential to a fixed composition in the secretion whose organ receives the action of that nerve, they further demonstrate that every change in the one is followed by a like change in the other. In further verification of this principle let us adduce the effects of hydrocyanic acid on the secretions. If that acid be applied, or given, to an animal, the consequence is the instant destruction of nervous power; still, the secretions which, during that instant, were advancing, receive the law; they are placed, if the expression may be admitted, in a state of *hydrocyanicism*. We have only to open the body in order to discover that every tissue exhales the odour of hydrocyanic acid. This fact shows also how rapid may be the metastasis of an impression from one to the other extremity of a nervous chain; and contradicts the feeble supposition of an absorbent process; for every practical physiologist is acquainted with the creeping pace at which the lymph and chyle traverse their vessels: and even should it be attributed to venous absorption, we have only to recollect that the most rapid circulation could never produce the phenomenon cited above.

A new illustration of our views is presented by the action of the ferro-hydrocyanate of potass on the secreting glands. A few grains of this substance having been injected into a stomach, its influence on the secretions was detected after five minutes; but it is doubtful whether the presence of the salt at one extremity could cause the elimination, at the other end of the nervous chain, of a pure ferro-hydrocyanate of potass, any more than other substances could produce their like without any modification; the probability is, that although a salt possessing all the properties of the ferro-hydrocyanate was not elaborated, a secretion was produced which so far accorded in principle with the real salt as to respond to its test, the sulphate of iron, by yielding a blue colour, which in its turn verified the bleaching property of hydrochloric acid. With the same explanation we may dispose of the sulphate of potass, cyanuret of mercury, and hydrochlorate of barytes, for each of these after being taken into the stomach has caused a secretion resembling itself, and which has been found in the abdominal venous system.

But to return to the ferro-hydrocyanate of potass; this substance has given evidence of its influence over both the mucous and serous secretions. The bronchic mucus, the urine, the intestinal fluid of

the lymphatic ganglions, the exhalation even of the serous coat of the veins and arteries, all those secretions responding to the test of ferro-hydrocyanate of potass have proved in the most luminous manner the principle laid down, that when any stimulus is applied to a nervous surface the two powers will modify each other's state; after which their united action, their similar tendency towards a mean form, will be translated from the first series of nervous atoms, from the superficies to the series below, and so on, by the same laws of mutual attraction, to the extremities of the nervous chain, and that without much alteration or loss, so long as the stimulus remains at the surface; and the laws of attraction still acting between the nerves and the blood through the medium of gland, the blood yields up to that attraction such elements as can take on a like form, and excretes them as fluid, which verifies the perfection of cause and effect throughout the whole process,—one which is as similar and proportionate to its exciting cause, the ferro-hydrocyanate, as may be consistent with the modifying influences of the grand chain.

In an early part of this paper I promised to explain, physiologically, the means by which bile is secreted in other parts than the liver. After the explanations which have been given of the true action of stimuli, it is to be hoped that absorption will be no more resorted to in excuse for a more scientific arrangement of the phenomena. We can no longer conceive that bile once excreted is reabsorbed; but when there is an obstruction to its natural channel, we can plainly see how its collection in the minute ducts of the liver would act as a stimulus on the nerves of their lining membrane; and, producing a metastasis of action in the manner above expressed, give rise to the secretion of a substance resembling bile in the secreting tissues of the body.

Semen, and other secretions belonging to an open cavity, are no more reabsorbed than bile, and the healthy action supposed to be induced in the system from continence, besides other causes, results from a metastasis of the action of that stimulus to the other organs, which invigorates them in a degree equal to that which the presence of the fluid itself could effect.

(To be concluded.)

ON THE AGENCY OF

THE ATMOSPHERE

IN THE

PRODUCTION OF DISEASE.

By HENRY SEARLE, *Esq., Surgeon, Kensington.*

ALTHOUGH it is universally admitted that numerous diseases are occasioned by certain conditions of the weather, yet no systematic arrangement has hitherto been made, either of the atmospheric causes of diseases, or of the diseases themselves. An attempt, therefore, to supply this deficiency may not prove unacceptable.

There are three properties of the atmosphere, viz. its weight or pressure, its temperature, and its electrical states, which, it is allowed, influence the human frame. As one or more of these properties is constantly varying in its proportional agency, it is evident that the atmosphere is subject to multifarious changes, even at the same time, in different situations, according to local peculiarities. The influence of the electrical states is but little known; the present inquiry, therefore, will be confined to the more obvious effects of the weight and temperature of the atmosphere.

Pressure of the Atmosphere.—The atmosphere is supposed to be about forty-five miles in height, and its weight upon the surface of the earth is about 15 lbs. on every square inch. Although it is 11040 times lighter than mercury, it will, on a fine day, equipoise a column of that fluid thirty inches in height of the same base in an exhausted tube, as in a barometer. Its pressure upon the surface of the human body is equal to about fourteen tons. Its density, owing to its elasticity, is not uniform; it is greatest at the surface of the globe, and gradually decreases in a geometrical ratio, so that at the distance of about five miles and a quarter it becomes too subtle to exert any appreciable pressure towards the earth; for if one cubic foot of air were conveyed to that distance from a stratum at the surface of the globe, it would, by its expansion, occupy a space of three cubic feet, and at forty-two miles it would expand into 4096 feet. It is at this five miles and a quarter of height, alone, of atmosphere, that those clouds are suspended which exert any appreciable influence upon the earth.

At every change of the wind alterations are produced in the electrical states, and,

consequently, in the temperature and density, of the atmosphere. The variations in density are occasionally so considerable, that the mercury in the barometer may fall an inch or more in the course of twenty-four hours, indicating a diminution in the pressure of the atmosphere equal to half a ton upon the human frame. When so much compressing force is removed from the surface of the body, its more yielding materials become relaxed, and sometimes tumefied; persons who have ascended very high in balloons have experienced great inconvenience from the swelling of their limbs. But the ultimate effects of the diminished pressure are different according as it influences the muscular system, the circulation, or the brain; and accordingly as it is combined with warm or cold weather. The simple effects will be first considered.

The influence on the *muscular system*, of diminished pressure on the body, is to relax its fibre and to reduce its power, occasioning lassitude. This effect will be slight or considerable, according to the tenacity of the muscular system: those who are in delicate health, therefore, will be most influenced.

The influence, on the circulation, of diminished atmospheric pressure, is much more extensive than that on the muscular system, and produces more complicated effects. The blood, as well as the blood-vessels, participate in its physical influence. The air contained in the blood expands under diminished pressure, rendering the vessels turgid; and when the heart and bloodvessels become relaxed, they are more dilatable, and the blood is, accordingly, circulated in greater columns, although with less energy. This altered state of the circulation is favourable to hemorrhages and dropsy. Of all parts of the body, the lungs are the most yielding in texture, and being at the same time permeable to the atmosphere, are the most susceptible of being influenced by its agency; deficient pressure, therefore, allows their bloodvessels to become congested, either giving rise to, or favouring the return of, bronchial affections. In humid climates, as in those of Holland and the Netherlands, in which the atmosphere is of inferior density, corpulency and phlegmatic habits are prevalent; while in very cold or hot climates, the atmosphere being more dense, the inhabitants are, for the most part, thin and muscular.

Its Temperature.—A very *high* temperature of the atmosphere, such as prevails in tropical climates, is a powerful stimulus, causing a general increase of the circulation throughout the body, but more particularly in those parts which are immediately exposed to its influence, viz. the skin and the air passages.

A mild temperature, unless preceded by very cold weather, is not productive of any undue excitement or depression, and therefore cannot be considered as conducive to disease.

A very *low* temperature on the contrary is a powerful sedative, subduing the circulation in all parts of the body exposed to its influence, and thereby producing direct effects upon the parts exposed, or indirect effects upon the internal organs.

The direct effects are proportioned to the intensity of the cold, and the duration of the exposure, and may vary from mere chilliness or numbness to the complete extinction of life. The indirect effect of the sedative agency of cold upon the circulation in the external parts of the body is, excitement of the internal organs, consequent on the revulsion of blood towards the centre, occasioning internal accumulations, active or passive congestions, phlegmasiæ, and apoplexy.

All persons in delicate health are sensible of the depressing influence of cold. It is however to be recollected that the effects of these high and low states of atmospheric temperature are relative and not absolute; and that sudden and considerable vicissitudes produce great, while gradual changes, to which the animal economy accommodates itself, produce slight effects. As heat and cold are relative states, that which produces a sensation of cold in the warm hand of one individual, feels warm to the cold hand of another; so the atmospheric temperature of 60° is oppressively hot after a severe frost, and produces pneumonia, rheumatism, &c.; whereas the same temperature of 60°, after the thermometer has remained some time at 80°, is exceedingly cold, and induces inflammation of the internal viscera, while it relieves that of the lungs and extremities.

When the different constitutions and habits of mankind are considered, there is no difficulty in perceiving that changes of weather are salutary to one class of persons, injurious to a second, and without effect upon a third.

The more simple effects of the different degrees of density and temperature of the atmosphere upon the human frame have been described; the effects of their combined agencies are arranged in the following tabular view of the diseases, either induced or influenced by different states of the weather:—

DENSITY OF THE ATMOSPHERE	TEMPERATURE.	DISEASES INDUCED.
When the density of the atmosphere is great, neither rain nor moisture descends; on the contrary the buoyancy of the air occasions the speedy ascent of moisture from the earth by evaporation.	If the temperature be very high, the evaporation will be rapid, and the surface both of the earth and the atmosphere will become dry, and the weather sultry and cloudless, as in tropical climates.	A very high temperature of the atmosphere produces general vascular excitement, occasioning profuse perspiration, swelling of the extremities, vertigo, syncope, hemorrhages, phrenitis. To this over-excitement succeed emaciation, lassitude of body and mind, fevers of various kinds, liver affections, &c. A dense air counteracts in a slight degree the tendency to some of the above diseases.
	If the temperature be moderate, the exhalations from the earth will proceed less rapidly.	To these states of the atmosphere, unless preceded by exceedingly cold weather, it would be difficult to ascribe any pernicious influence, whether upon a sound or impaired condition of the whole or of any part of the human frame; but when preceded by frosty weather, they are abundantly productive of inflammations of the air passages, hemorrhages, rheumatism, &c.
	If the temperature be very low, little or no evaporation will go on, and the air will be dry and frosty.	Cold, by its sedative agency, diminishes the circulation of the blood on the surface and extremities of the body, and occasions in aged people apoplexy, palsy, and sphacelus of the feet; in others, inflammatory affections of the internal organs, diarrhœa, and other functional disturbances. In certain asthmatic patients a dense atmosphere, by its weight upon the inner surface of the air-cells, overpowers their already diminished resilience, and thereby increases the dyspnœa. This form of the disease is improperly denominated spasmodic asthma, and is erroneously considered to arise from constriction of the air-cells, whereas these cavities are most probably in an opposite condition—in a state of forced distention, owing to the increased pressure upon their internal surface.
When the density of the atmosphere is much reduced, its buoyancy is diminished, allowing the moisture in the higher strata to coalesce into clouds, and to descend in the form of rain.	If the temperature be high, the elasticity of the air will be brought into operation, which will in a slight degree counteract its deficient buoyancy; and if the atmosphere be still, it will be highly charged with electricity.	A warm and impoverished state of the atmosphere induces languor in invalids, and in persons of lax fibre; those subject to rheumatism, to chronic affections of the brain or of the joints, are sensible of its effects. It is also favourable to dropsy and hemorrhages. It has been stated that a certain description of asthmatic patients suffer under a dense atmosphere, while a warm and impoverished air relieves them; it distresses those who are subject to other forms of the same disease, the dyspnœa being increased in consequence of the combined effects of vascular excitement, occasioned by a high temperature and of muscular relaxation resulting from deficient density of the atmosphere. The effects are, turgescence of the bloodvessels, and consequent contracted caliber of the air passages, accumulation of mucus, and increased weight of the lungs, also relaxation of the air-cells.
	If the temperature be moderate, considerable evaporation and descent of moisture taking place at the same time, the whole atmosphere, especially the lower strata, will be highly charged with humidity.	Mild wet weather, especially if it succeed frost, occasions inflammation of the lungs, larynx, fauces, and nares; rheumatism, hemorrhages, dropsies, and defluxions of all kinds.
	The temperature and density of the atmosphere can never be at their lowest points at the same time; but often in this climate the density is inferior when the temperature is only ten or fifteen degrees above the freezing point.	There are but few diseases of the inflammatory and febrile classes which may not result from this unfavourable weather. There is no part which may not become inflamed by getting the feet or surface of the body chilled, but those organs which are predisposed by prior disease are the most liable to inflammation from such a cause. The occurrence or the suppression of hemorrhages may arise from the revulsion of blood which takes place from cold feet.

It appears that not only most inflammatory and febrile, but that many other, diseases may be traced to an atmospheric origin; that one character of a disease may be produced by a change in the temperature of the atmosphere, and another character by an alteration in its density; that most internal phlegmasiæ originate in a change from hot to cold weather, while external phlegmasiæ more generally arise from the contrary change—from cold to heat; that fevers may be produced by the exhaustion consequent on continued hot weather, or may be brought on by the depressing and combined agencies of cold and wet weather.

To distinguish those conditions of the atmosphere which induce disease is so important that no rational system of treatment can be adopted which does not bear strict reference to them, for the means which would remove an inflammatory disease occasioned by warm and wet weather succeeding to cold and dry weather, would not in all respects be suitable for a phlegmasia produced by cold in succession to cold and dry weather. This view of the atmospheric causes of certain diseases, and of the treatment as varied to correspond with those causes, if correct, goes far to prove the empiricism of the antiphlogistic system of treatment, which recognises none of these distinctions, but is adopted in all cases of acute inflammation, be the causes what they may.

These remarks cannot be better illustrated than by examining the causes and the mode of treatment of the influenza which prevailed during the months of April and May, 1833. That epidemic was ascribed to an atmospheric infection which influenced more or less those who breathed it. It however admitted of a much more correct explanation by ascribing it to the changes which occurred at the time in the conditions of the atmosphere. During the previous two or three months the average temperature of the atmosphere was 45° Fahrenheit; during the month of April, in which the influenza appeared, the average temperature was 55°, being an increase of ten degrees of heat, and the heat gradually increased until the middle of the month of May, when the thermometer reached 80°. Although the temperature of 55° did not exceed the temperate range, yet, after weather which was considerably colder, it became a stimulus to all surfaces exposed to it; but this increase of temperature alone, it is probable, would not have produced such extensive effects if the density of the atmosphere at the same time and for some time previously had not been below the standard by nearly four hundred pounds of presures upon the body. This inferior pressure occasioned turgescence of those parts of the circulation more immediately exposed, and predisposed them to become inflamed under an increased temperature, and the consequences were, inflammation of the air-passages, ophthalmia, rheumatism, lassitude, hemorrhages, dropsies, puerperæ, hæmorrhagica. The influenza continued until a sensible change took place in the weather, which occurred on the 18th of May, when the mercury in the barometer rose to thirty inches, and that in the thermometer sunk several degrees. Notwithstanding the temperature became a little more moderate, it remained sufficiently high to give rise to rheumatic affections, and to perpetuate some others which already existed.

Consistent with the term influenza, all the diseases enumerated to have occurred at that time might have been called influenza; the same causes produced all of them; they differed only according to the local sympathies of different individuals. However, to restrict these remarks more particularly to those diseases which were considered influenza. The inflammation in some was confined to the nasal and pharyngeal mucous membrane; in others to the trachea; in some to the lungs; in others it extended over the whole surface of the air passages; all experienced lassitude, and in some this was the only symptom complained of: in many, dropsy or hemorrhage supervened in cases of protracted illness.

With regard to the treatment, it was generally acknowledged that the influenza did not yield to the remedies employed for its removal. What were those remedies? Did they bear reference to the causes of the disease? The remedies were chiefly those which are usually called antiphlogistic, and consisted in general and local bleeding, purgatives, poor liquid diet, and, for the most part, confinement in the house; to which were added the usual expectorants. By examining how far these means were calculated to counteract the causes of the disease, an explanation will, at the same time, be found of the want of success which attended them. The immediate causes of the disease were, a diminished tone, combined with an excited state, of the vascular system; the former depending on the diminished pressure of the atmosphere; the latter on its increased temperature.

With respect to the means of cure—*Bleeding*. Its influence was to reduce the tone of the muscular and vascular systems; instead therefore of counteracting, it aided, one of the causes of the disease. *Purgatives* produced a similar effect in a less degree. *Poor liquid diet*. Nothing tends so

much to overcharge the lungs with mucus as taking large quantities of liquids.* What then could be more inconsistent than, at the same time, to administer *expectorants* for the purpose of disembarrassing the lungs of mucus?

Confinement to the House. As the exciting cause of the inflammation of the air passages was the increased temperature of the atmosphere, breathing constantly the heated air within doors was little calculated to become a remedial measure. A decided proof of its ill effects was, that the complaint manifested itself most conspicuously in schools, workhouses, theatres, banking-houses, &c. This was so remarkably the case, that the influenza was supposed by many to be contagious; but it originated not only in crowded assemblies but even in private families, and it was very common for all those of a family who remained chiefly at home, to be attacked with this complaint, while the master of the house who was in the open air the greater part of the day breathing a cooler medium, either escaped the disease altogether, or experienced nothing but languor.

If these objections to the treatment which was adopted for the influenza be valid, the great fatality which attended this epidemic is sufficiently accounted for. The influenza of 1833 being a memorable occurrence, is offered as the chief exemplification on the present occasion; yet there are in this variable climate numerous, although less-marked instances of similar effects attendant on similar atmospheric changes. The frosty weather of January last was succeeded by warm weather, which produced rheumatism and inflammatory affections of the air passages in great abundance.

It is evident that a knowledge of the particular conditions and changes of the atmosphere, and of their influence upon the human frame, is very essential in guiding the medical practitioner when treating the different disorders of his patients. Many diseases which are usually ascribed to having taken cold, will be found attributable to more general causes,—to such as not only produce disease, but also modify those which pre-existed, and thereby portray characters of the constitution which are highly necessary to be known. By noticing the barometer and thermometer in the morning, the reason will be often discovered why medicines fail to produce the good effects which have resulted from them on former occasions, and the propriety of resorting to a different plan of treatment will suggest itself; occasionally, however, when the weather is powerfully influential, and continues in the same state for a long period, constitutions which are highly susceptible of its influence may resist any counter-agency of medicine, particularly in cases of chronic disease. It is then advisable to explain these circumstances to the patient, in order to prevent him from having recourse to patent medicines; for if a salutary change of weather take place while he is taking them, no argument will convince him that the virtue of the patent medicine is not greater than the skill of the faculty, especially if he have consulted several of its members without obtaining relief.

Patent medicines owe every thing to salutary changes of the weather. If bread pills were to be advertised until they came into notice, as some wonderful vegetable compound, procured from some distant part of the globe, extraordinarily efficacious in nearly all diseases, they could not fail to acquire celebrity; for while a number of invalids of various constitutions were taking them, a certain portion of them would feel relieved at every sensible change of the weather.

Queen's-place, Kennington,
April 18th, 1835.

* It was a curious fact that scrags of mutton rose in price to 11d. a pound, while the best joints fell to 6d., so great was the demand for, and so incomparable in the estimation of the nurses were the properties of, the scrags of mutton for the purpose of making broth, at this time.

EFFECTS OF

BLISTERING PLASTER SWALLOWED IN ERROR.

To the Editor of THE LANCET.

SIR,—On Friday, the 12th inst., I was requested, at five p.m., by a Mrs. B. to visit, immediately, her sister, a young woman about 25 years of age, who, it was supposed, had taken some poisonous substance. On my arrival at her place of residence, I was surprised to find her disconcerted at my having been sent for, as, during the absence of Mrs. B., all the painful symptoms which had caused me to be summoned had left her, and I found merely a little excitement consequent upon the reaction from the depressing influence of the sufferings she had endured. The statement which she made to me was as follows:—Feeling unwell during the previous evening, she had made two pills from a mass which she supposed to consist of pil. cochiæ, and which had been given to her as such by a friend more than twelve months previously, but of which,

having no occasion to use it before, she had, until now, taken no part. These pills were taken between ten and eleven o'clock at night, and she was soon surprised at the difficulty she experienced in retaining them; as, to use her own expressions, they kept "rising" for some time. However, she passed a good night, and in the morning walked to her sister's house, a distance of two miles, to breakfast, which she took at about half-past nine, remarking at the time what a good appetite she had. But half an hour after the meal, vomiting came on, with severe pain in the lower part of the abdomen, accompanied with bearing down, and most intolerable inclination to micturition, with heat and smarting, so acute, as to cause her to scream. There was also severe tenesmus, without evacuation of the bowels, in consequence of which some castor oil was sent for; this she swallowed, but it was rejected, as also was every thing else that she took. At about one o'clock she was induced to take a basin of broth, which was retained for a quarter of an hour, and appeared to lessen the severity of her sufferings; but after that was rejected the symptoms became more violent, and so continued until five p.m., when, her friends becoming alarmed, I was summoned.

Finding that the vomiting had ceased, that the pulse was quiet, and the tongue moist, and that all the other symptoms had abated, I merely requested that she might be kept at rest, and partake of diluents, wondering what could have caused such acute suffering without the production of any other apparent and permanent ill effect, and as she was obliged to return home, if possible on the same evening, I desired her to call on me as she passed. Accordingly, at a little after seven o'clock, she made her appearance, when I found that she was completely relieved, and only complaining of debility. The bowels not having yet been acted on, I gave her an aperient draught to be taken in the morning, and desired her to let me know if the symptoms returned, requesting her at the same time to send me the remainder of the pil. cochiæ. Two days after she brought me the remainder of what she had supposed to be that substance, but which, on examination, proved to be a portion of the common blistering plaster.

From her statement, I should conceive that seven or eight grains of the mass had been taken. If, therefore, it was made according to the Pharmacopœia, that quantity would contain about two and a half grains of the flies; but the strength varies considerably, as the plaster is very often imperfectly mixed, and in low neighbourhoods hellebore and euphorbium are occasionally combined with it. The most remarkable circumstances connected with the case are, that not the slightest inconvenience, except the tendency to vomit, was occasioned by the dose until twelve hours after it had been swallowed, and that such painful symptoms continued so many hours without any injurious results after their sudden subsidence. I have again seen her, and find her surprised that she enjoys her usual health. I am, sir, your obedient servant,

W. Miller.

19, Keppel-street, Russell-square,
April 15, 1835.

RUPTURE OF THE UTERUS

FROM CONSIDERABLE DEVELOPMENT OF THE SPLEEN.

Angiola Luccini, mother of twelve children, had, since her last delivery, an excessive tumour in the neighbourhood of the spleen; she became pregnant a twelfth time, and when Sign. Luigi Scirra (by whom the case is reported) was called in, the waters had come away. The left hand of the fœtus projected from the vagina. On examination, the first position of the shoulders was discovered, and the head found enclaved above the pubis, between this bone and the spleen, which compressed it from above downwards. The spleen was elevated by the right hand, and the child having been turned with the other into a favourable position, was delivered without accident. The woman was warned against the danger of again becoming with child; however, in a year she was pregnant for the fourteenth time; her sufferings were now excessive, and after the discharge of the water, the pressure of the spleen acted as an invincible obstacle to the delivery.

Three days after the discharge of the waters, the patient felt a kind of cracking sensation in the uterus, and immediately began to lose blood. As she grew weak the author was called upon, and found the woman in a dying state, with a pulse barely perceptible, &c. The abdomen was opened at once after death, in hopes of saving the child's life, but the fœtus was also found dead in the cavity of the abdomen. The fundus of the uterus was completely torn through, and the head of the fœtus rested against the stomach. The spleen, which was enormously swollen, compressed the fundus of the uterus with its inferior anterior edge, and the peritoneum was largely lacerated, as well as the substance of the womb.—*Il Filiatre Sebezio* (from *Arch. Gen.*)

EPISIORAPHE,

A NEW OPERATION FOR THE CURE OF PROLAPSUS UTERI.

An operation under this name has been invented by M. Frick. The principle of the operation is very similar to those already proposed by Drs. Hall and Ireland.

Prolapsus of the uterus, complicated with eversion of the vagina, cannot, according to M. Frick, be remedied by any mechanical means, particularly if the disease be of long standing, the pelvis large, &c. It is unnecessary to enumerate the many unpleasant accidents resulting from this displacement of the uterus, which the author combats with certainty, by an operation, the object of which is to produce adhesion of the great labia, and thus place an insurmountable obstacle to the descent of the uterus and vagina when once replaced.

This operation, which is extremely simple, is performed in the following manner. The patient being placed as in the position for lithotomy, the operator seizes one of the grand labia between the thumb and fingers of the left hand, and commences an incision about one and a half inches below the superior commissure, and one inch from the edge of the labium; the incision is continued downwards to the fourchette, where it terminates, on being inclined gently inwards. Thus a flap of about a finger's breadth is removed from the great labium. A similar flap is removed from the other side, care being taken that the two incisions meet at an acute angle below the fourchette: after the precautions ordinarily employed, the two flaps are to be united by suture; however, the surgeon should be cautious first to examine with care the uterus and vagina, to complete the reduction if necessary, and maintain the parts in place with a piece of sponge attached to a chord.

The points of suture, usually twelve in number, must be very tightly drawn, and for the first few days the urine should be drawn off with a catheter. The opening left superiorly is sufficient for the discharge of the menstrual fluid, or even perhaps for the act of accouplement; and should the woman become pregnant, it is easy enough with the bistoury to open a passage for the child.—*Fr. Gaz. Med.* (From *Annales der Chir. Abth.*, Hamburg, 1832.)

UNTITLED ADDRESS.

(*For the Editor of* The Lancet.)

The undersigned medical officers and teachers of St. Bartholomew's Hospital beg to address their colleagues in other hospitals and schools on a subject of paramount importance to their common profession.

The immense advantages which London possesses for scientific and practical instruction in medicine and surgery, have rendered it the great resort of British medical students, hundreds of whom repair every year to the hospitals and lecture-rooms of the metropolis, in search of that information which is to qualify them for the exercise of an arduous profession.

It appears to the undersigned that neither the profession nor the public derive the full benefit of these advantages under the present plans; and hence that it is expedient to revise the method of proceeding, in order to the adoption of such changes and regulations as may render the course of medical study more efficient.

The whole business of medical education, so far as lectures are concerned, is transacted within seven months, from October to April inclusive. During the same period the majority of students attempt to accomplish also the important object of practical study at the bedside of the sick.

Two sessions are usually devoted to medical studies in London.

The consequence of these arrangements is, that so many courses of lectures on the various branches of professional knowledge are going on together as to fatigue the attention and confuse the mind of the student, leaving him no opportunity for more than a casual and interrupted attendance in the wards of the hospital.

This evil would be considerably lessened if the five months that remain after the close of the medical session were devoted to practical study, which might then be pursued without interruption. But it is the custom for students to leave London when the lectures are ended, and not to re-visit it till the beginning of the following session.

It must be obvious that under such a system, in which the whole course of efficient instruction, both oral and practical, is crowded into the inadequate space of fourteen months, the best objects of medical education never can be attained.

The undersigned beg to propose for consideration the following plan:—

1st. That the medical session should

consist of ten months, from October to July, inclusive; leaving August and September for the vacation.

2nd. That the medical session should be divided into two equal periods; and that an equal distribution of the lectures should be made between these.

The hospitals would be open to students throughout the year, and clinical instruction would proceed constantly. The spring and summer being the most favourable time for attention to hospital practice, this portion of the year would probably be most appropriate for lectures on practical subjects.

The undersigned are aware that a change so extensive as that now proposed could not be adopted by any single school, without great risk of failure. They therefore recommend the subject to the consideration of the physicians, surgeons, and teachers of other hospitals and schools, with the hope that some common plan may be devised, for rendering the system of medical education in London more suitable to its great objects.

(Signed) P. M. Latham, M.D.
George L. Roupell, M.D.
George Burrows, M.D.
Hugh Ley, M.D.
Fredk. Farre, L.M.
Wm. Lawrence, F.R.S.
Hy. Earle, F.R.S.
Edw. Stanley, F.R.S.
Thos. Wormald.

St. Bartholomew's Hospital,
April 13, 1835.

THE LANCET.

London, Saturday, April 25, 1835.

A curious address, which has no descriptive title by which it can be referred to, has been forwarded, by certain persons who style themselves "the medical officers and teachers of *St. Bartholomew's Hospital*," to individuals who are designated as the "colleagues" of the subscribers to the document. A copy of the address has also been sent to our office by the same parties, and will be found at page 116 of this day's Lancet. A careful examination of its contents will reward the discerning reader for his labour.

So, after all the abuse which has, year after year, been directed against this journal, in consequence of the remarks we have made on the defective arrangements of our medical schools, the teachers and lecturers of *St. Bartholomew's Hospital*,—they themselves ranking (some of them at least) amongst the most active of our maligners,—confess, with apparent penitence, that "*so many* courses of lectures on the various branches of professional knowledge are *going on together*, as to fatigue the attention and confuse the mind of the student, leaving him *no* opportunity for *more than a casual and interrupted attendance in the wards of the hospital!*" At the opening of the present session we illustrated the defects of the existing system by analysing the regulations for the conduct of students at *St. George's Hospital*,—an establishment which, wretched though it be so far as medical education is concerned, may be taken as a fair (or foul) specimen of the great hospitals of this metropolis. Although we made the printed paper issued by the functionaries of that establishment the foundation of our allegations, yet, as is customary in all cases when corruptionists are charged with the commission of evil deeds, an attempt was made to disprove the existence of facts, by assertions which were altogether unworthy of notice, except for their impudent mendacity. The exposure, we admit, was by no means an agreeable one, because it proved, to the satisfaction of every impartial reader and observer, that the students were made to pay largely for commodities which were never placed in their possession, except in the falsehoods which, at the conclusion of every session, are indited so profusely under the titles of their "certificates."

But whence the cause of this new movement on the part of the monopolists? What new sense of virtue has

stimulated the sticklers for the advantages of the old "ticket-system," to advance, all at once, on the arena of medical politics, in the character of *reformers!* Surely the downfall of a conservative administration has not given birth to new apprehensions and fears lest the institution of a NATIONAL FACULTY OF MEDICINE should lead to the speedy overthrow of all the now-flourishing cradles of nepotism!

The course of events of late has been singularly curious. In the College of Physicians, for instance, many important changes towards a *liberal* line of policy were to be effected; when, of a sudden, the MELBOURNE administration is dispersed, and the lamp of improvement instantly burns dimly in the sombre halls of the College; and no sooner are the Tories installed in their places, than the light of improvement is entirely extinguished in the Halfordian establishment. In the College of Surgeons the corruptionists reassumed their insolent and intolerable carriage the moment it was believed by them that conservative principles were in the ascendant, and all changes were again vociferously denounced in that temple of folly and cupidity, as leading to dangerous and unnecessary innovations. Great, also, were the rejoicings at Rhubarb Hall when the members of the Reform Cabinet were dismissed, and a confident expectation was entertained by the respectable old ladies who governed the proceedings in Bridge-street, that the sale of their "licenses" would increase, and that a new impulse would probably be given to the prosecution of physicians and surgeons for practising as apothecaries.

Fate, cruel fate, has sported most wantonly with the whole of these brilliant and renowned functionaries. The instruments of mischief, too, were as curious as the results have been and must be beneficial. The "silent votes" of the discreet majority acting in a certain place, have led to that terrible catastrophe, the sad effects of which will coexist with the knavish actions and sordid lives of the corruptionists.

On the appointment of the PEEL-and-WELLINGTON administration, the proposal for founding a national Faculty of Medicine was made the subject of attempted jest. The divisional arrangements were characterized as being admirably suited to the ascending and descending capacities of *Fellows*, *Pures*, and *Subordinates*; and the hospital medical schools were described as the most perfect institutions of the kind to be met with in the universe! *Reform!* Pooh! It was the "scape-goat," the "stalking-horse," of "hot-headed critics and discontented demagogues." The evidence taken before the medical committee consisted of a "tissue of lies," furnished, without exception, from the lips of "interested or factious witnesses." The volumes containing that evidence were to be thrown into the Thames. Nothing further was to be heard of the National Faculty of Medicine, of the reopening of the investigation before Parliament; and least of all was it to be intimated that the system of instruction (query, *deception*) which had so long been sanctioned in the hospitals, should be subjected to alteration or amendment.

The "silent votes" having triumphed, a new scene is immediately opened to the view. The question of reform, or we should rather say of change, is once more agitated in the College of Physicians. The enlightened councillors of the College of Surgeons, and the old ladies of the Hall in Blackfriars, instantly re-trim their frills, shake the dust from their aprons, and announce, with their customary pomp that a new series of rules will be forthwith published for the benefit of the rising generation of medical practitioners.

Seriously, we would advise the whole of

these aged and not over-learned parties, to quiet their perturbed spirits, and prepare, at once, to receive with gratitude that amendment in medical law, which it is not for them, the abusers of medical justice, either to design for construction, or to execute when constructed. In being left in full possession of the fruits of their manifold iniquities,—in being allowed to retire into those places of obscurity which, if they do not ornament, they cannot quit without inflicting injury on the community,—in being allowed to retire, without disgorging any portion of their ill-gotten wealth, they may, unless they are wholly blinded by disgrace and defeat, find at least one source of consolation.

But the medical officers and teachers of *St. Bartholomew's Hospital* are jealous! The virtuous indignation of this enlightened body of men is excited to the highest pitch of endurance on hearing of the changes which are projected in the colleges. What! shall not the schools interfere? Is the work of reform to be carried forward entirely by the President, Fellows, and Examiners, who may happen to belong to the Colleges and Halls? Impossible! This would be usurpation, indeed, and must not be allowed. Besides, the school of *St. Bartholomew's* is one of renown, and the character of its teachers must be sustained. Here, then, in reality, we have those public bodies which have moved together during so long a period in such perfect harmony, at issue on the question of academic discipline in our hospitals. Confessedly, the officers and teachers of *St. Bartholomew's Hospital* are in a state of open rebellion against the collegiate authorities; for it is well known that for a long time past the conductors of the schools have conformed in all respects to the mandatory regulations which have been issued from time to time by the Council of the College of Surgeons, and by the Examiners of Rhubarb Hall. There is something curious, then, in the movement which is attempted by the medical officers and teachers of *St. Bartholomew's Hospital.* Hitherto the conductors of the schools, which are attached to the recognised hospitals, have been loud and consistent in the commendations which they have bestowed on the "regulations" which have been issued for the government of the students by the "legally" ordained authorities. The charter of GEORGE the THIRD, and the Act o 1815, were so beautifully constructed, that the hospital functionaries resisted every attempt which was made to alter or amend them. Under those statutes the by-laws of the College and Hall were framed, and the medical session was decreed by law to extend in each year from October to May, inclusive. What has happened, all of a sudden, to interrupt the harmony which has so long existed between the bands of corruptionists who exercise their functions in the different schools and colleges of this metropolis? The writers of the circular now before us not only profess to disapprove of the existing arrangements, but invite all the other metropolitan lecturers and medical officers to join them in carrying their opposition to a successful issue. This is one of the signs of the times. These men are squeezed out of their beaten track by a pressure from without, which they are incapable of resisting. As for their *sincerity* in making any effort towards accomplishing a *bona-fide* improvement in the system of medical instruction, we will not contend that they are ready, either by their declarations or their conduct, in 1835, to belie the professional history of their past lives. When is the circular dated? Precisely three days after the resignation of that ministry whose appointment to office was hailed with shouts of exultation by the whole of the abettors of abuse in the empire!

This is a most instructive fact. We see, therefore, in this document, the evidence of a design to form a *combination* on the part of all the "constituted medical authorities" in the metropolitan colleges, halls, hospitals, and hospital schools, for the purpose of restricting reforms in medicine to the narrow-minded approval of the monopolists themselves. These enlightened persons wish indeed to institute a "One-Faculty," but every pillar of the edifice must bear the impress of their own ingenious hands. The fabric must be wholly of their own design and construction. The manœuvre is an ingenious one, and it is a pity that so much sagacity should be bestowed on a bad cause.

Before another number of this journal can issue from the press, a new string of "regulations" will be put forth, we understand, by the worthy license-mongers of Rhubarb Hall. When we have an opportunity of placing these new decrees in juxta-position with the untitled circular of the "medical teachers and officers of St. Bartholomew's Hospital," the profession will have an opportunity of understanding what are the objects which the agitating parties are seeking to accomplish. In the mean time we may content ourselves with observing that this circular contains, in almost every paragraph, a confession that THE LANCET has never stated anything but the naked truth when it has alleged, as it repeatedly has done, *that the lecture and ticket system is a compound of extortion and fraud, from the beginning to the end*, and that the medical students of this country have, in hundreds of instances, been made to pay most dearly for the opportunity of attending lectures and hospital practice, *the former of which were not worth hearing, and the latter wholly unproductive of advantage*, because the privilege could not be exercised, in consequence of *the defective and irrational character of the scholastic arrangements to which they were compelled to submit.*

On reading the list of signatures to this circular, the profession, we suppose, will be glad to observe that the name of WILLIAM LAWRENCE is once more to be incorporated with those of medical reformers. The career of this gentleman has been so remarkable for consistency, that his recommendations will, doubtless, receive all the respect and attention to which they may be entitled.

SOME slight troubles, which we did not at the time think worthy of notice, occurred at the Faculty of Medicine in Paris, on Thursday the 9th inst., in consequence of the appointment of M. H. ROYER-COLLARD to complete the course of "Hygiene," ordinarily delivered by Baron DESGENETTES, whose health it appears is very delicate, and who accordingly announced his intention of not lecturing this year, at the same time recommending M. BROUSSAIS, jun., as his substitute. The Council of the faculty, however, chose to appoint M. ROYER-COLLARD, who is an *employé* of the *Ministere d'Instruction Publique*, and of course an excellent doctrinaire. The pupils and the professor were thus offended, for different reasons,—the former by the presentation of a doctrinaire, the latter by the rejection of his friend; and the evening before the course was to have commenced, M. DESGENETTES suddenly recovered his health, and insisted upon delivering every lecture. The old Baron, on his arrival at the amphitheatre, was warmly received, and M. ROYER-COLLARD, who was also there, was overwhelmed with hootings and other marks of dislike. M. ORFILA, who wished to address the pupils on his behalf, was not received in a more favourable manner. Matters, however, would have terminated peaceably had not some very indiscreet friends persuaded M. ROYER-COLLARD to open a private course to-day at the *Ecole Pratique* at five o'clock. The consequences were what might have been expected. The orator was assailed by a storm of hisses, and M. ORFILA, the dean, who appeared to second him even in his

private capacity, was roughly treated, and announced to the pupils that he would close the School of Medicine on the 21st. We now allude to the circumstance to say, that if any of our friends intend to pay a visit to Paris during the summer, they may defer it unless they go for the *process* on account of which the School has really been shut.

Since the above was at press we have received a letter from Paris stating that M. ORFILA has changed, or rather modified, his opinion, for the Monday lecture, has since taken place in the school, and the *Journal des Debats* merely announces that if the riot be continued on Tuesday the *Pavillions* and *Ecole Pratique* will be closed. We shall not be at all surprised if this be the result, and if the *Ecole de Droit* be also closed, in order to get rid of the pupils during the process.

FRENCH JOURNALS.

The *Archives Generales* for February and March contains—

1st. Some observations by M. GERDY, of *St. Louis's*, on luxations of the fore-arm, arm, and leg, and on fractures of the knee.

2nd. A memoir on the relation which exists between the direction of the nutrient canals in the long bones, and the order in which the epiphyses unite to their bodies. By M. BERARD, jun.

3rd. On the suppuration of the lymphatics of the uterus, after delivery. By M. DUPLAY, Interne at the *Maternité*.

4th. Conclusion of M. BERARD's paper on the use of cold water in surgical diseases.

2. LAWS OF OSTEOGONY.

The memoir of M. BERARD, jun., may be resumed in a very few words. It has been long known that the long bones are ossified in several distinct parts; one for the body, and one or more points for the extremities; that the body is ossified sooner than any other part; that the two extremities of the same long bone are not ossified at the same time, or with the same rapidity; and finally that the union of the epiphysis with the body of the bone does not take place at the same period for both extremities of the same bone. It is by no means easy, a long bone being given, to remember which of its extremities ossifies the first, at which end the epiphysis is sooner consolidated. M. Berard has found it to be a law of osteogony that "of the two extremities of a long bone the one towards which the nutrient artery runs is the first to become united with the body of the bone: thus the nutritious artery of the humerus runs obliquely to the elbow-joint, and the cubital extremity of the bone becomes united to the body long before the scapular one: the inverse holds good for the femur; here the nutritious vessel runs upwards, and accordingly the superior extremity is united before the inferior one. The same relation is to be observed in the ossification of all the long bones, without any exception, and the author is inclined to refer these differences to the different rapidity of the blood through the nutrient vessels.

2. SUPPURATION OF UTERINE LYMPHATICS AFTER DELIVERY.

The occurrence of a fatal epidemic of puerperal fever at the *Maternité* during the year 1830, has given M. DUPLAY an opportunity of studying this point of anatomical pathology with some advantage, of determining its influence on the progress of metro-peritonitis, its connexion with the other alterations, and how far it may be considered as a dependence on the original disease. However, as the cases, only eight in number, are given in the first part, we shall wait for a second before we attempt any analysis of it.

3. COLD WATER IN SURGICAL DISEASES.

We have already noticed the first part of the very interesting memoir by M. BERARD, jun. The additional cases reported by the author confirm the results of those which he has already published; in two the occurrence of slight gangrene did not prevent the case from being accomplished. The following which terminates the paper is well worthy of attention.

Severe Laceration of the Hand, with Exposure of the Metacarpo-phalangica Articulation: Irrigation, Cure. — A. DECARTE, 31 years of age, was received into the hospital on the 9th October, 1834. During the same day, while occupied in pressing pasteboard, his left hand was seized by the machine, and the index finger, at its articulation with the metacarpal bone, very severely injured. The palmar surface presented an extensive irregular wound through which the head of the second metacarpal bone passed: the first phalanx was driven up as far as the middle of the second metacarpal bone, and the flexor tendons of this finger were completely exposed: the dorsal surface of the

index finger also exhibited a very irregular wound, exposing the extensor tendons from the first phalanx to the lower third of the metacarpal bone. On either side of the articulation there barely remained enough of skin to cover the collateral vessels and nerves. The finger was immediately put in its place and attached to the medius; and the wounds were covered with diachylon plaster. Constant irrigation of cold water was now employed for ten days, and the hand preserved its sensibility complete: no redness or swelling, made its appearance, and on the fifth day suppuration of good quality and not abundant set in. Before the irrigation was discontinued the water was gradually heated, until it became lukewarm; the wounds were dressed for a month after with simple sticking-plaster: at the end of this time they were nearly healed, and the articular surfaces in situ, without being anchylosed; at present the discharge is very slight, and although the finger remains somewhat stiff, its motions are not lost.

ANATOMICAL SOCIETY, PARIS,

January, 1835.

Anomalous Articulation.—M. Andral presented the coxo-femoral articulation of a subject of whose previous history he was unable to obtain any account. The articulation exhibited the following anomalies. The head of the femur was nearly double its natural size; it preserved its perfectly round form, and was completely contained in the cotyloid cavity, which presented an excess of development exactly proportional. The head of the bone was, as it were, incarcerated in the cavity by ossification, with hypertrophy of the cartilaginous rim. The osseous matter deposited on the head of the femur extended all round beyond the disc of the head, so as to leave a deep circular furrow between it and the neck. M. Cruveilhier noticed that this prominence of osseous matter round the neck should be distinguished from a layer that would have enclosed the head and neck of the bone together. There was no trace of ligamentum teres. The cartilages of the incrustation were unequally laid down, and in some places supplied by a layer of ivory material.

Anomaly of the Kidney. — M. Boiret presented the following curious anomaly of the kidney:—The right kidney, very small, was placed in the cavity of the pelvis, transversely across the median line, in the place usually occupied by the uterus between the bladder and rectum. There was no supra-renal capsule, and it received its artery from the bifurcation of the aorta, so that the sacra media in fact became the renal artery: the real sacra media was very small and long, in consequence of the aorta dividing at the level of the second lumbar vertebra. The uterus, of a long, cylindrical shape, was situate altogether to the left side, behind the ligament of Fallopius. The ovary and its ligament of the right side had escaped through the inguinal canal, and formed a hernia, externally, of so peculiar a shape, &c., that it was very difficult to say whether it was femoral or inguinal.—*Archives Generales*, Feb. 1835.

Dr. Mantell.—At the anniversary of the *Geological Society* of London, lately held at Somerset House, the Gold Wollaston Medal was awarded to Gideon Mantell, Esq., LL.D. and F.R.S., of Brighton, for his extraordinary researches in fossil comparative anatomy, particularly for the discovery of the genera Iguanodon and Icthyosaurus. In the course of a very eloquent address, Mr. Lyell, the president elect, took occasion to remark on the peculiar circumstances under which Dr. Mantell's scientific labours had been carried on. "Permit me," said he, "to remark, that if the exertions of Dr. Mantell would have called for our grateful acknowledgments under any circumstances, how much more are they entitled to our praise and admiration, when we recollect the peculiar difficulties under which he has followed up his scientific researches! His hours of study have been confined to those moments which could be spared from the labours of a profession to which he has devoted the principal energies of his mind, and, I rejoice to say, with great and uniform success. There have always been some men in the medical profession, who, although engaged in extensive practice, have found time to enlarge the boundaries of some collateral sciences; and it gives me great pleasure to declare that the name of Dr. Mantell will be added to that honourable list."

INTERCEPTED LETTERS.

"DEAR MR. BICKERSTETH,—From conversations which I have had I conceive that I have every ground for hoping that you will be placed on the woolsack, by which my most anxious wishes and solicitations will be fully and happily realized. I have not failed to represent you in certain quarters as by far the most fit person to be selected as Lord Chancellor in the new Government; and, without flattery, I have no hesitation in saying, that your high character as a lawyer, your sound intellect, and, above all, your high moral feelings, which elevate you so much above some of those who have preceded you,—all these high qualifications taken collectively, must render your promotion to the woolsack a source of joy and comfort to the nation.

"I cannot help taking an opportunity thus early of soliciting your attention to the state of our medical corporations, and to warn you that there is a set of levellers, calling themselves *reformers*, who are endeavouring to overturn the legitimate state of things in the medical profession, as in most other parts of society. I wish to impress you how earnest the Fellows of the College of Physicians are in the cause of reform, and that there is nothing nearer their hearts than to see the venerable institution of Pall Mall East purified and purged of every *acknowledged* abuse. All they desire is, that reform should be left in *their own hands*; that new measures may not be adopted hastily; and that everything in the shape of innovation may be the result of calm, sound, and sober reflection; that thus, while the salubrious stream of reform is permitted to flow and fertilize the common land, the gardens of the College may not be inundated. Under such dispassionate management, and with such liberal views as all the Fellows, as well as myself, entertain, there cannot be a doubt that all will go on most satisfactorily if the reform be left to us. I am sure it will be considered no disparagement to others if I say, that had Sir Robert Peel remained in office, his great talents would have secured to us lengthened peace and quietness, and the little that we ask; and I feel confident that you will adopt the same wise and liberal measures which formed the basis of the conduct of that cautious statesman. I beg you will believe me, with anxious hope for your elevation to the highest office of the State, your very obedient and very humble servant,

"April 12th. "H. H."

"DEAR DOCTOR TURNER, — Having heard that Mr. Bickersteth is to be made Chancellor, I wrote to him immediately, in as polite a way as I could, to congratulate him thereon, though, as you well know, I would rather see him at Jericho than on the woolsack. I thought it would be a good thing to take an early opportunity to give him a hint about our College matters, and to prevent his mind from being poisoned by certain writings on reform. I understand that he is an ultra Liberal, a thorough Radical; and however little we have to hope from a man of that class, yet it is better to do what we can towards securing his good feelings. It requires, however, great caution to deal out flattery with effect; but, in my long experience, I have ever found the best results to flow from a courteous and respectful attention to those who are high in office, or, as my friend the Duke would say, 'to heads of departments.' But there is another circumstance in the history of our new Chancellor, which is not generally known, and which I fear will militate very much against our good cause, namely, that he was originally educated as *a surgeon*, and will of course have all that contempt for Oxford and Cambridge degrees which is fostered in the bosoms of the lower grades of the profession. I have not yet ascertained who are his intimate associates, though it is probable that, like all other Chancellors, he is more or less under petticoat government, but this I will soon find out, and manage accordingly. Much may be done by a little nice and delicate navigation in that direction. Remember that it behoves every man at this moment to *do his duty*, and we must not relinquish our exertions whilst there is a ray of hope. For my own part I shall follow Sir ROBERT'S example, and die hard.

"I hear nothing of what Warburton is about. I don't like this silence. I cannot help recollecting the old proverb, that 'deep water runs still.'

"My Windsor friend has just sent me a piece of intelligence which is very vexatious. The Queen is absolutely daily expecting *the arrival of her homœopathic physician*, Doctor RIPPEN WINKEN FROGGIMLOW, nephew of the celebrated Professor KIANKHAUSEN. It will require great consideration whether or not he ought to be taken any notice of by the profession here. At all events I dont think it would be decorous to invite him to any of our meetings at Pall Mall East. Let me know if anything new is going on at St. George's. Yours sincerely,

"April 13th. "H. H."

EXCLUSION OF THE PROFESSION FROM THE SWANSEA INFIRMARY.

To the Editor of THE LANCET.

SIR,—No. 602 of THE LANCET contains an invitation for the profession to co-operate in giving publicity to the principles on which medical charities are conducted, an invitation which I readily accept, because I conceive it to be a duty incumbent upon every member of our body to investigate with a careful eye those instances of misrule which not only effect a diminution of the usefulness of our charities, but (what is of at least equal importance) which directly tend to sully the dignity of the profession. And although it may be a delicate task to exhibit the negative qualities of the *Swansea Infirmary*, where I have passed the greater portion of my pupillage, yet I cheerfully enter upon it, from a conviction that the period is approaching with rapid strides, when such information will receive deliberate consideration, and contribute materially to the formation of such salutary laws, as will in future establish the faculty of medicine in the proud position it holds on the continent, but of which a continual system of court intrigue has hitherto deprived it in our own land.

The observations which I intend making in my present letter are confined to the following rule:—"No persons will be admitted to the infirmary to see operations, &c., but with the consent of the physicians and surgeons, *except the members of the Weekly Board*;" but before I proceed to comment thereon, I beg to be considered as sincere in remarking, that I am actuated by no ungenerous, no personal, feeling against the medical officers of the establishment, for I enjoy the friendship of some of them, and respect the talents of all of them.

I certainly regard it as peculiarly unfair, that the medical gentlemen connected with the charity should be enabled to exercise caprice, or extend courtesy, to those who are not so engaged, in admitting them to witness the practice of the institution. Is not this misrule? Should such a state of things exist in an infirmary which, according to the annual report for 1831 now before me, admitted 99 in-patients and 1076 out-patients? Are the members of the Weekly Board, none of whom are professional men, more likely to derive information from witnessing surgical operations than medical men? Do their pursuits incline them, do their talents enable them, or does their sensibility permit them, to participate in scenes at which humanity recoils? Can they feel an interest, a pleasure (for the rule above quoted evidently implies that they must), at watching the sufferings of their fellow-creatures while under the operation of the knife? They who believe that surgeons are so influenced misjudge—cruelly misjudge them. Duty actuates the surgeon in his proceedings, but humanity directs him. He cuts because he cannot save. This partiality in favour of the members of the Weekly Board over the non-official men is utterly irreconcilable with either justice or utility. The former by their attendance at operations can only gratify an idle curiosity, while the exclusion of the latter prevents them from acquiring the experience which but few opportunities occur of increasing in provincial towns, valuable as it may become to them in cases which fall under their own immediate care.

But it may probably be said, that "the medical men have not been excluded—that they have all at one period or another been invited." I admit this to be true, and that their presence is not unwelcome *may* also be true. But the cautious silence which is preserved as to the time of operating, is certainly a most extraordinary mode of exemplifying the fact or the feeling. "We are glad to see you," say they, "at our operations, but we really have not time, nor do we think it incumbent upon us, to inform you when we intend to operate, or at what time the operations will be performed." It is therefore manifestly their object to exercise a choice in the admission of visitors, a proceeding which is at variance with the benevolent intentions of the subscribers to the charity, and opposed to the principles of medical ethics. The medical staff are undoubtedly supreme in their department, but they are not the less amenable to the general laws of the institution, which, since it derives its origin from useful and benevolent views, should strenuously direct its laws to the promotion of every legitimate object contemplated in its establishment.

As far as I am personally concerned, I have, by the kindness and liberal feelings of one of the gentlemen, been invited to all *his* operations, and I have *occasionally* witnessed those of the other members of the surgical staff; but I am desirous of having the operating theatre thrown open (under certain regulations) to all the profession, and to obtain for them as a matter

of right those privileges which at present are only yielded by caprice or courtesy.

In a future letter your attention will be directed to other instances of misrule, by Sir, your obedient servant,

DOUGLAS COHEN, M.D.

Swansea, April 14th.

SURGEONS AND APOTHECARIES.

To the Editor of THE LANCET.

SIR,—In the 603rd N°. of THE LANCET, I have read with surprise a correspondence between Mr. Barnett of Farrington, Berks, and the Poor-Law Commissioners, from which it appears that the latter have been induced to admit those who have no other title to practise the different branches of the profession, than the license of the Apothecaries' Company, as candidates for the office of parish-*surgeon*. In allowing *Mr. Barnett* to offer himself, after an apprenticeship to a *surgeon* in extensive practice in London, although not a member of the College of Surgeons, the Commissioners have probably departed from a salutary regulation with propriety; but were they to permit *all* the Licentiates of the Company of Apothecaries, merely by virtue of their license, to enter into competition with members of any of the Royal Colleges of Surgeons for appointments, requiring *surgical* knowledge, and to authorize the successful apothecaries to practise surgery indiscriminately on the parochial poor, they would be acting in open defiance of the law, as expounded by our ablest judges, and with the grossest inhumanity and injustice towards the unfortunate paupers placed under their care. The course of education required by the Worshipful Company, neither includes an apprenticeship to a *surgeon*, nor attendance on the *surgical practice* of any public institution; and their license only entitles their licentiates to exercise the *art* and *mystery of an apothecary*, that is a *compounder of medicines*. Should, therefore, any overseer or guardian of the poor appoint an apothecary to undertake the manual operations or other duties of surgery, without having undergone an examination by, and obtained a diploma from, one of the Colleges of Surgeons in Great Britain, and death should be the result of any surgical operation or treatment undertaken and exercised by the said apothecary, such overseer or guardian would be liable to an indictment for every misfortune, in consequence of this illegal appointment.

In the present state of the law, and of the artificial and barbarous division of the various departments of the medical and surgical profession, the only *safe* alternative which the Commissioners can adopt, appears to me to be either to confine the practice of surgery and medicine to the members of one of the Royal Colleges of Surgeons in Great Britain, as far as regards the parochial poor, or to appoint a surgeon and an apothecary to every parish or union of parishes in England and Wales.

I am much concerned to find that the Commissioners are sanctioning parish contracts for medical and surgical assistance for the parochial poor; such contracts having been almost invariably found lamentably injurious to humanity as well as to science. Were the establishment of small infirmaries united with dispensaries on an extensive scale, enforced or encouraged in every market town by the legislature, parish contracts may be immediately rendered illegal, and the competition of well-educated and honourable practitioners to discharge *gratuitously* the professional duties of such charities would raise the character of provincial surgery, and greatly reduce parochial expenditure.

I am, Sir, your obedient servant,

J. MILMAN COLEY.

Bridgnorth, April 14, 1835.

*** This letter opens so wide a field for remark, and a discussion of the points of law which the subject necessarily embraces will occupy so much of our space, that we must publish the letter this week without comment. In the next LANCET we will advert to the topics which it embraces.—ED. L.

CUTANEOUS INCRUSTATIONS.—NOTE FROM MR. PLUMBE.—*To the Editor.*—SIR,—Allow me to correct a statement which has been made (no doubt inadvertently) by Mr. W. B. Dickinson,* in No. 606 of THE LANCET. I think, however, that inadvertence is no excuse for the error of either who is wrong. Mr. Dickinson says, that neither Alibert, Biet, nor Mr. Rayer, considers the form which the diseased secretions, the scab, scale, or pimple, may assume, in cutaneous diseases, as a "characteristic feature" of cutaneous disease, thus briefly contradicting my assertion on this point.

Will Mr. D. inform me how the Baron came to adopt the designation "Teigne Amiantacee",* or the *asbestos* form of the

* The "Asbestos Teigne" obtains its name from the silvery scales becoming interwoven with the hair, so as to form a striking resemblance to that substance. The "Granulated Teigne," from the resemblance of the dried hillocks of scabs to broken mortar, falling down in granules."

disease? "T. Granulèe," or the *granulated* form, consisting of masses formed on the scalp resembling dried mortar, the chasms among which are occupied by pediculi? Will Mr. D. maintain that French scales and scabs, of no importance as a characteristic feature of disease, when the first and most experienced among them (Alibert) derives the *very name* of the *individual disease* from *the character of such secretions?* If Mr. D. had read Alibert, the first and best, as carefully as he had read Rayer, the last of the French authors consider the incrustations, or authors on these subjects, he would hardly have allowed himself to be the author of the statement he has sent to you. I should be extremely sorry to find it become necessary on the part of any one to "correct impressions" made by me in your columns, inasmuch as I have, invariably, considering the value of your space, resolved only "to speak what I do know."

I am, Sir, very obediently yours,
14, Southampton-street, S. PLUMBE.
11th April, 1835.

MEDICINAL PRUSSIC ACID.—Mr. GEO. WHIPPLE has forwarded to us a letter on the subject of Mr. Laming's communication in THE LANCET of March, in which Mr. Whipple says, "The variations stated in Mr. Laming's letter to have existed in samples obtained from Apothecaries' Hall, do not surprise me; but the assertion that "no process for procuring a dilute solution of hydrocyanic acid in which *distillation*, or *filtration*, is had recourse to, will yield an acid of *uniform* strength, however carefully the process may be conducted," is so manifestly absurd and contrary to experiment, that I am impelled to give it my unqualified contradiction. I prepare prussic acid by Scheele's process, in considerable quantity; and, I beg to state that I have never, by *proper* attention, experienced any difficulty in obtaining the acid of an *uniform* strength by *distillation!* To the mode suggested by Mr. Laming, I hesitate not in stating my decided objection. In a word, without any regard to or respect for this or that nostrum, I beg to say, that prussic acid by Scheele's process is obtained of an *uniform* strength, and may be depended upon.

7, Upper Gloucester Street, Clerkenwell,
April 7, 1835."

[We have to apologize to Mr. Whipple for the accidental omission of his remarks from the two last Numbers of THE LANCET.]

ROYAL MEDICO-CHIRURGICAL SOCIETY.

To the Editor.—Sir, as certain individuals have been busying themselves in the late election of President to this Society, and as they would fain conceal, for they cannot deny, the existence of the intrigue which was exposed the other day in your journal, perhaps you will not deem it intrusive in me, who have been a spectator of the whole affair, to say a few words on the subject.

All that you said on the subject is strictly true; and there are other circumstances confirmatory of the observation that this institution is under the influence of a party who have reduced the institution to a mere library society, from its position as an institution for the advancement of medical science. Your assertion is quite true, that Sir Benjamin Brodie's friends endeavoured to turn out poor Mr. Earle. This was a scheme of Dr. Yellowly, who thought that Sir Benjamin, an eminent surgeon from *St. George's*, would keep up the respectability of the chair better than a sparrow from *St. Bartholomew's*; but when that little bird heard what was going on, he instantly took wing, and flew about in great anger until he perched on the chair where he now roosts. But you ought to be informed that Mr. Earle was not in fact the next in rotation of the pures for the appointment. A fistula doctor, of the name of Copeland, one of the council of the College in Lincoln's-inn-fields, stood before him on the list, but he was passed over in consequence of the disgusting branch of the profession to which he devotes himself. Your obedient servant, SPECTATOR.

At a late conversazione, Sir Astley, who has a great horror of professed rectum doctors, put the following conundrum to Sir Anthony:—"Why," said he "are Copeland, Howship, and Mayo, like so many arches of Vauxhall-bridge?" The Knight being posed, and confessing ignorance of the *why*, received the following solution of the question:—"Because they are chiefly supported by *piles*." Much laughter prevailed at the perpetration of the pun.—*Medical Magazine*, April.

LITHOTOMY AND LITHOTRITY.

To the Editor of THE LANCET.—Sir,—Does a man earn two hundred pounds honestly who substitutes four urinary calculi for one, and creates in his patient extreme irritability of the bladder which is to contain them, so long as he has

strength to bear up against the accumulated torture of those calculi? Would not the patient have acted more wisely had he placed himself in the hands of a good and safe *lithotomist*, and had what it is at present the fashion to call the "bloody operation" performed upon him? Has any advocate for lithotrity the hardihood to maintain, that of those who chance to survive that cruel and protracted proceeding, one in ten remains free from symptoms of stone two years after that much-extolled operation? A little discussion of this subject is now quite necessary for the protection of the public, for which, if you do not afford every facility, greatly mistaken in its expectations will be the troubled

SHADE OF LE DRAN.

April, 1835.

MR. BATTEN'S CASE.—*To the Editor.*—Sir, why did Mr. Batten, in his case, related at page 45, wait nearly an hour and a half before he attempted to bring away the placenta, particularly when, as he states, during the above period each expulsive effort of the uterus had only tended to aggravate an alarming state of hemorrhage? The other parts of the report certainly go to prove that Mr. B. was most persevering in his efforts to save his patient, fortunately with success. I wish it to be observed that I have not passed unnoticed the previous difficult and instrumental deliveries.

Your obedient servant, F. CHAMBERS.

3, Trafalgar-place East, Hackney-road.

NOTE.

To the Editor of the Lancet.—Sir,—In taking up, for perusal, the "British Cyclopædia," (Arts and Sciences, Vol. 2, Part 2,) I met with the following, under the head of History of Anatomy;—"But it would be unjust not to enumerate with a due tribute of applause the labours of Zinn, Scarpa, Lizars, and *Dewhurst*, on the same subjects." I have often heard of the three first, as men of great celebrity; but who is the last? In another part of the same Cyclopædia, I find mention made of the same personage under the name of "*Professor Dewhurst.*" If this be a man of science, why have we not heard of him before? but if he have had the opportunity afforded him, and has unwarrantably interpolated his own name amongst the names of men of learning, what penalty can the protecting hand of true fame award as a punishment for the impudent intrusion? Your most obedient servant,

INQUISITOR.

NOTE.

Mr. ALEXANDER requests that the Editor of THE LANCET will in the most positive manner contradict the false, malicious, and audacious reports which have been circulated in the daily newspapers by some interested individual, calculated to create an impression in the public mind that his Royal Highness the Duke of Sussex has changed his medical attendant.

Cork Street, April 16, 1835.

ST. GEORGE'S HOSPITAL.

INJURY OF THE HEAD.—A "prize fighter" came to the hospital suffering under a nearly complete paralytic state of both mind and body. Some months since, while engaged in a "mill," he received some severe blows over the head, when strong antiphlogestic remedies were used, under which he partially recovered. After an interval of health of ten weeks, several anomalous symptoms appeared;—stupor of the head, dimness of sight, pains in the loins and spine, partial loss of power over the upper and lower extremities, and a slight difficulty of articulation. The lower limbs are completely palsied; he cannot move his toes in the slightest degree, and the power over the upper limbs is materially lessened. The countenance is also assuming an appearance of idiotcy. The principal medicines he has taken since his admission have been purgatives and calomel and opium. The strychnine has been fairly tried, but without much benefit. A brother of Tom Cribb had a very similar train of symptoms after a fight. He eventually died, when a tumour was found at the base of the brain. The surgeon remarked that the symptoms were more like those of a tumour pressing on some portion of the cerebrum than any thing else, and that the symptoms were therefore entirely beyond the reach of surgical art. A seton was ordered to be made over the neck, *pro forma.*

ANCHYLOSIS OF THE PATELLA.—The house surgeon asked Sir BENJAMIN whether, in the course of his experience, he had not found that a knee-joint was very liable to take on fresh inflammation where the patella of the joint was anchylosed from previous inflammation. Sir BENJAMIN replied that he had not. The house surgeon said that he had met with some cases in which it had occurred, upon which the eminent Baronet gave it as his

opinion that such an affection in such a case must have arisen from the anchylosis of the tibia not being perfect, and causing some irritation and inflammation of the joint.

HOPITAL DE LA PITIE.

IVORY EXOSTOSIS OF THE BONES OF THE FACE.—EXCISION BY MEANS OF A NEW SAW.

THE subject of the present case was a man 47 years of age, who was sent some time ago from the country to M. Blandin, for the purpose of having several tumours removed that were developed on either jaw, and gave his countenance a very hideous appearance. The angle between the nose and cheek on either side was occupied by a tumour as large as a hen's egg, which seemed to spring from the canine fossa and ascending process of the maxillary bone: a crucial cicatrix on each tumour showed that at some remote period they had been laid open. A tumour as large as the doubled fist occupied the ramus and inferior edge of the lower jawbone on the right side; a similar tumour, but not one quarter so large, was situated on the left inferior maxillary bone. The affection commenced thirty years ago: the patient denied ever having had the venereal disease, or having undergone a mercurial course: his constitution is very good, and his parents and children are all well and strong. Fifteen years ago he was under the care of M. Roux at *La Charité*, but at that time the means of removing exostoses were so imperfect, and the tissues so hard, that M. Roux could barely attack the surface of the exostoses on the sides of the nose. From the period of their first appearance up to the present day, the tumours continued to grow very slowly but steadily; hence, probably, some constitutional cause operates for their growth. M. Blandin had first intended attacking the tumour with the osteotome of M. Heyne, or Dr. Thomson, but finally operated with a saw made for the purpose by M. Martin.

This instrument is composed of three parts, a whimble, stock, and saw; the whimble resembles that of the common trepan; the stock is very long, and articulated by means of a double hinge, about ten inches from its extremity; the stock is terminated by a large handle, which serves to fix the instrument without impeding its motions: finally, the saw-portion is a straight or concave rowel, which is attached to the extremity of the stock by a pivot: the action of this saw is said to be very simple; an assistant turns the whimble, while the surgeon fixes the handle of the stock against his breast, and maintains the saw on the point where it should act. M. Blandin, when at the *Hopital Beaujon*, had already removed the most prominent part of the right inferior exostosis with this instrument. On the 9th of this month, at *La Pitié*, he succeeded in removing the exostoses on either side of the nose with great quickness and facility. The patient continues to do well. *Gaz. des Hopitaux*, No. 46.

ACADEMY OF SCIENCES.—M. BRESCHET has been elected to the place left vacant by the death of Baron DUPUYTREN. The candidates who presented themselves in competition were, M. Lisfranc, M. Sanson, M. Velpeau, and M. Civiale. Out of fifty-five votes M. BRESCHET obtained forty-one.

BOOKS RECEIVED.

Practical Observations on the Physiology and Diseases of the Teeth. By John Mallan, Surgeon Dentist. London: Schloss, 1835, 8vo. pp. 140.

Sketch of the History of Medicine, from its origin to the commencement of the 19th century. By J. Bostock, M.D. London, Sherwood, 1835, 8vo. pp. 252.

Mr. G. W. HIND, who was lately curator of the museum of anatomy in the University of London, has just published a very splendid work in 4to, containing twenty plates illustrating the causes of the displacements which occur from fractures of the bones of the extremities. The production deserves our warm commendations, but this week we have only room to make the above.

CORRESPONDENTS.

The communications of *Mr. Millet*, *Dr. Dickson*, and *Dr. Clanny*, next week.

It is not a part of the duty we undertake in this part of our journal to reply to such questions as those put to us by *Mr. C. H.* However, we may mention that there is a Mr. G. B. in the list, but the identity we cannot establish.

C. L. The production of *bona-fide* five-year indentures is required. If not producible, proofs of their former possession and loss would be received; but under no extremity ought the party to be guilty of the alternative suggested. The imposition, moreover, would, if detected, subject the party to a heavy penalty. On the other points we decline to give advice.